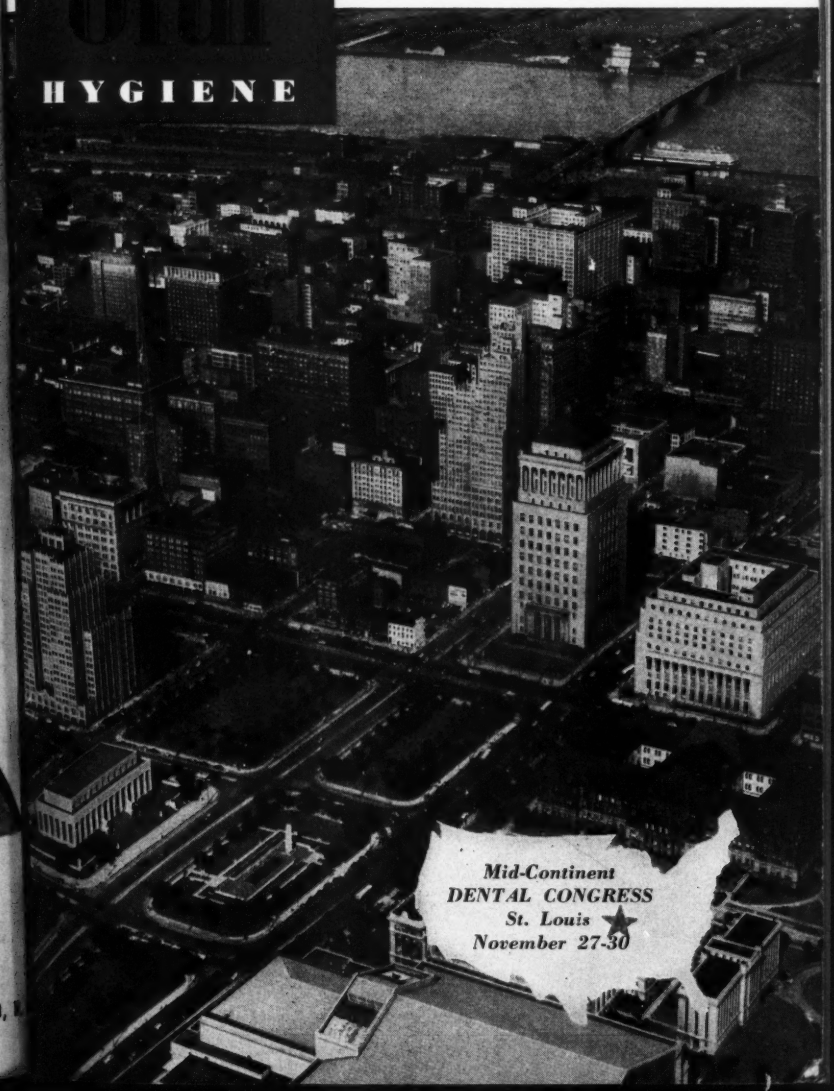
OCTOBER 1949

Oral HYGIENE

In This Issue:

KEEPING BUSINESS GOOD



Interchangeable Sheaths Impress the Patient as a Sanitary Precaution

You can have one to 100 sterilized sheaths to use as each patient is seated. Just snap the sheath into place *without adjustment*. Think of the favorable impression created by this move—possible *only* with *SANI-TERRY HANDPIECES*.

SANI-TERRY HANDPIECES reduce the discomfort of the patient and lessen the fatigue of the dentist. They are true-running, smooth in operation and free of unnecessary vibration. Work proceeds more rapidly because of the freedom from strain.

Due to the fact that weight is balanced at the point where the handpiece is naturally grasped, *SANI-TERRY HANDPIECES* cause no backward drag on the operator's wrist.

CLEVE-DENT CONTRA-ANGLE U

The *CLEVE-DENT CONTRA-ANGLE U* may be used with the *SANI-TERRY HANDPIECE* if preferred. It fits accurately over the handpiece and is free from unnecessary vibration.

NO GUESSWORK

WHEN REPROCESSING ILL-FITTING DENTURES!

For years many dentists have made unsuccessful attempts to reprocess ill-fitting dentures. Their failures were due to the use of quick setting materials that did not possess the proper qualities.

Konformax Rebase is perfect for reprocessing. It is easy flowing, sets slowly and does not displace tissue.

Comfort, occlusion and retention are determined with denture in function for 24 hours (at least) or a much longer period. High spots and over-extended areas are easily discernible and can be relieved. If necessary, more Konformax Rebase may be added where indicated.

Most important, you continue the test until you have the patient's assurance that the denture is satisfactory in every way. Then you need not be apprehensive about the fit of the denture when you send it to your technician.

KONFORMAX DIVISION,
PERMATEX COMPANY, INC.
Brooklyn 29, N. Y., U. S. A.

REBASE

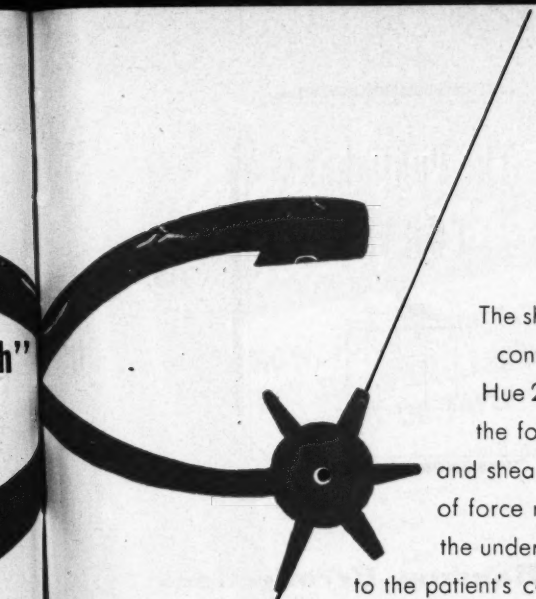
MADE BY KONFORMAX

"a lesson from the

leather punch"

Trubyte New Hue 20
Posteriors have the narrow
est occlusal contact of an
artificial posterior.

THE



The sharp, narrow occlusal contacts of Trubyte New Hue 20° Posteriors reduces the force required to crush and shear food. This reduction of force minimizes pressure on the underlying ridge and adds to the patient's comfort with dentures. Trubyte New Hue 20° Posteriors have other advantages too: relatively low cusps that stabilize dentures and avoid interference in lateral movements. Trubyte New Hue 20° Posteriors have an ample food table and adequate escape-ways.

You'll never know what satisfaction your patients can enjoy until you standardize on

trubyte new hue

20° POSTERIORS

FOR ALL DENTURES

THE DENTISTS' SUPPLY COMPANY OF NEW YORK

By Mass

The Publisher's CORNER

No. 339

More Random Recollections

MONTH before last, this department indulged in some random recollections—recalling a few odd incidents which somehow still stuck in memory's grooves. Those August paragraphs sparked memories in other minds—memories of their own.

Doctor Arthur T. White of Pasadena, California—after ribbing me for getting to be a doddering oldster living in the past—admitted that time has been marching on for him, too. "I can look back to the first wing bridge I made about the turn of the century," Arthur confesses. "It was a full gold crown with very little shape to it, on a cuspid with a lateral attached. They say that the guy stood for hours before the mirror, admiring it.

"I can also remember my first electric engine. It got me a new patient. A girl saw it being installed and came in to have some work done. She said that she'd been going to another city to another dentist, just because he used an electric engine.

"Can you remember the days before saliva ejectors, when

Great News for You Who Use Taper-Shank Burs

NOW, FOR THE FIRST TIME, YOU CAN BUY TUNGSTEN CARBIDE BURS IN THE DENSCO OR TAPER TYPE SHANKS

For the first time, you will be able to try for yourself . . . see for yourself . . . the amazing cutting speeds of Tungsten Carbide Burs.

Again . . . Kerr has led the way by introducing the first Tungsten Carbide Burs with the Taper-Type shanks.

These Burs—Kerr CARBEX Tungsten Carbide Burs—are available to you in all 16 sizes . . . which have proved so popular in Straight and Angle Handpieces.

Phone your dealer today for your order of Kerr Taper-Shank Carbex Burs.

KERR MANUFACTURING CO.
DETROIT 8, MICHIGAN
Established 1891

You'll Never Use Another Bur If You Use Your Tungsten Carbide Burs

THIS WAY—

Have Handpiece operating at full speed before Bur touches tooth (5,000 to 6,000 RPMs recommended). Keep it operating as long as Bur is in contact with tooth. Use very light pressure. Heavy pressure slows Bur, reduces cutting efficiency. For opening and cutting into fissures, use Fissure Burs. Round and Inverted Cone Burs are recommended for excavating.

KERR
Carbex
REG. U.S. PAT. OFF.
TUNGSTEN CARBIDE BURS

METALLURGICAL MAGIC
Work Wonders In Your Able Hands

dentists put a rubber bib around the patient's neck—a bib with a pocket in it to catch the saliva, with the help of a roll of towels?"

Arthur has always believed that "you must grow older, but never grow old." With any luck, I'll be checking up on him this month, after the San Francisco meeting of the American Dental Association.

Another random recollector is Doctor Jacob Kasen of Pittsburgh. He says the August CORNER might well have remembered "the thermostatic inlay burner-outer, which was made of two tin cans, set one inside the other—each covered with its original top—and containing the invested wax inlay."

The gadget, he recalls, was kept on a gas burner overnight. A burn-out of the wax was assured, without a molten ring. The case was ready for casting the very first thing in the morning. For one thing, it necessitated the doctor's being right on the job at an early hour.

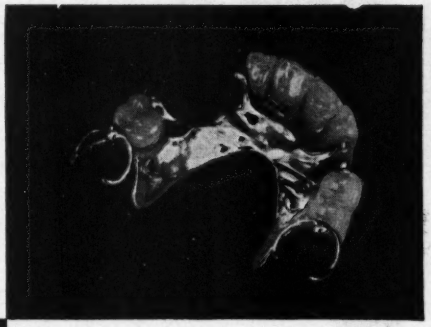
Doctor Kasen also recollects a homemade charcoal block concocted with a can full of ashes made by burning some paper or cardboard, one can of borax, and one can of inlay investment material. You sifted all the dry ingredients together into a flat can, adding water to make a paste, then let the mess dry. These homemade charcoal blocks, says the doctor, were used in melting together golds of known carat for further use in practice.

Another CORNER addict, Halstead MacCabe, reprimands the department for not recollecting another recollection: the day in early 1942, not long after we got into the War, when Bob Ketterer walked in, looking very solemn, and leaned over my desk to whisper, "Confidentially, the printers are on strike." Then he added: "There is a small chance it may be settled this afternoon. They said not to bother you until then, but I thought I better tell you."

If Bob had said, "Pardon me for bothering you, but, confiden-

(*Continued on page* 1466)

personal attention



NOT rubber-stamp standardization

When you use the services of your Durallium laboratory, you can be sure each case will receive the personal attention of an experienced and skilled technician. However large your Durallium laboratory may be, it uses no over-standardized methods; each case gets the individualized attention which means truly fine craftsmanship.

Your Durallium laboratory specializes neither in the break-neck speed which means short-cuts instead of skillful handling, nor in depressed prices which mean reduced values. First and foremost, your Durallium laboratory offers you the superior workmanship which is worthy of your professional skill.

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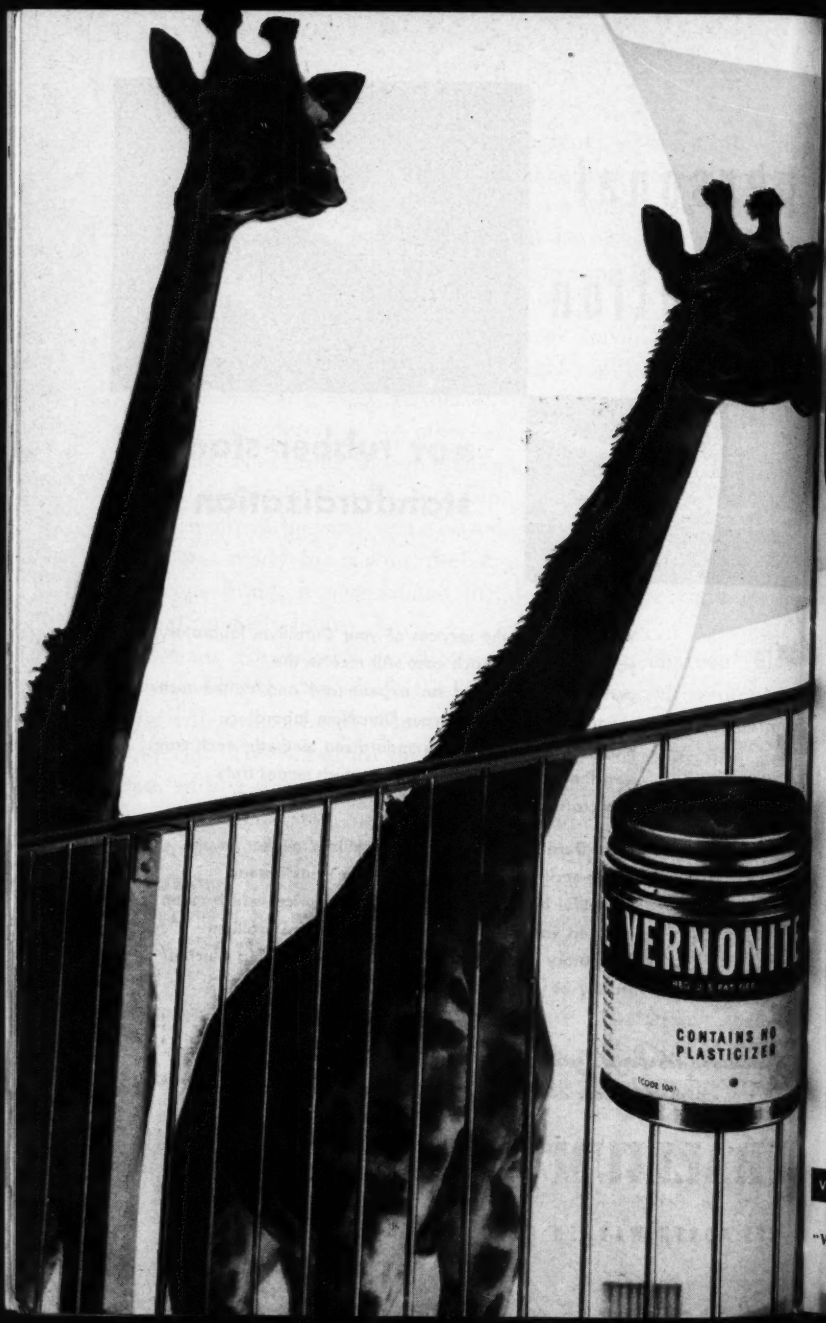

VERNONITE
CONTAINS NO
PLASTICIZER

HIGHEST average of all QUALITIES

The successful use of Vernonite by thousands of dentists since its introduction in 1936, is the direct result of the material's HIGH average of *all* QUALITIES. Vernonite's approach to perfection is dependent not upon a single outstanding physical property, but to the controlled balance of strength, hardness, dimensional stability, uniformity, aesthetics and processing qualities in the laboratory.

While it is scientifically possible, of course, to manufacture a denture base that is superior to all others in one particular property such as strength, for example, or hardness, such materials fall down in other important properties and therefore fail to comply with ALL of the requisites of a restoration. Instead, the makers of Vernonite choose to give *you* a material that satisfies all of your requirements at a sacrifice to none.

For sound dentures that serve patients pleasingly over long periods, provide comfort, function properly and contribute materially to natural appearance, ask your laboratory to use dependable VERNONITE, the acrylic material that meets *every* test for a good restoration.

VERNON-BENSHOFF CO., P. O. BOX 1587 • PITTSBURGH 30, PENNA.

"Vernonite" Registered Trade Mark

(*Continued from page* 1462)

tially, you have been sentenced to be shot; still, there is a small chance that you won't be," I don't think I would have jumped much higher. It was then that my interior wiring turned into millions of little soundless accordions, each opening and closing —faster and faster and faster.

After several days of paralyzed production, several days of suspense, with the little accordions opening and shutting like mad, one evening when I went home the family shouted: "We've got good news for you, Pop! They phoned here after you left the office. The strike's over!"

We were almost glad it had happened: it felt so good when it stopped.

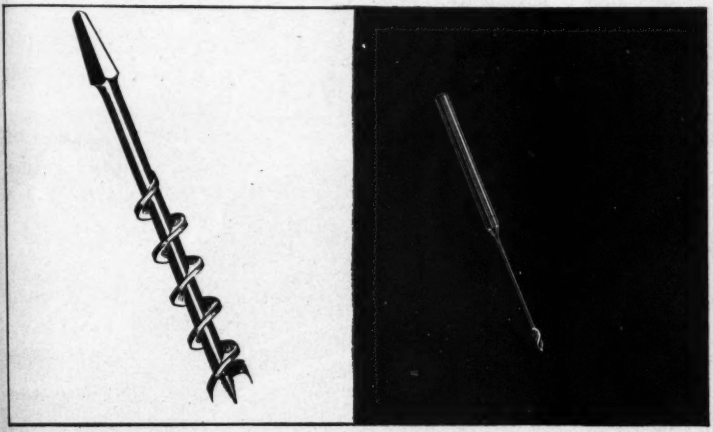
There's one thing about recollecting recollections of events like the printers' strike—events which made you come close to dying when they occurred. You realize you needn't have gotten yourself into such a terrible tizzy at the time. It was awful and frightful and horrible while it lasted, and it shouldn't have happened to a dog—but you lived through it, didn't you? (Look, the man is talking to himself! Ring for the boys in the white coats.)

But it's true, cousins, it's true. There are plenty of troubles on the little planet Earth, but plenty more troubles never happen. Think up some random recollections of your own, especially some events which, at the time, seemed enough to kill you. You're still around, aren't you? And it isn't easy to remember just exactly the details of those big old troubles, is it? But you thought that you'd never, never forget, didn't you?

You and me, too. Just now, before writing this CORNER, I had actually to look up the old records on the printers' strike, dig out something I had written about it in 1942, before I could put these paragraphs on paper. Mac MacCabe had remembered my terrible trouble better than I did myself.

DESIGN

makes a difference



These instruments are identical in basic mechanical principle. The difference is a matter of refinement—one of them has been specifically designed for a professional purpose.

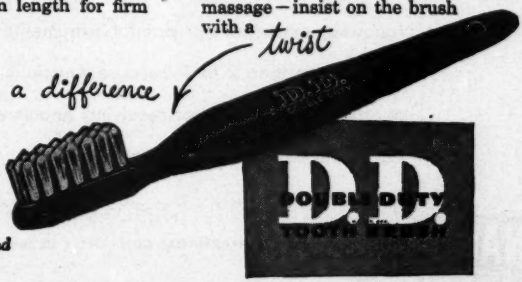
The D. D. Tooth Brush has been designed with the aid of a thousand practising dentists—

- A compact straight trim brush head, assuring easy access to tooth surfaces;
- Well-spaced bristle tufts for thorough brushing of interdental spaces;
- Springy long-life bristles that won't get soggy, ½ inch in length for firm brushing;
- A broad inflexible handle for maximum leverage, with a non-skid thumb rest;

and

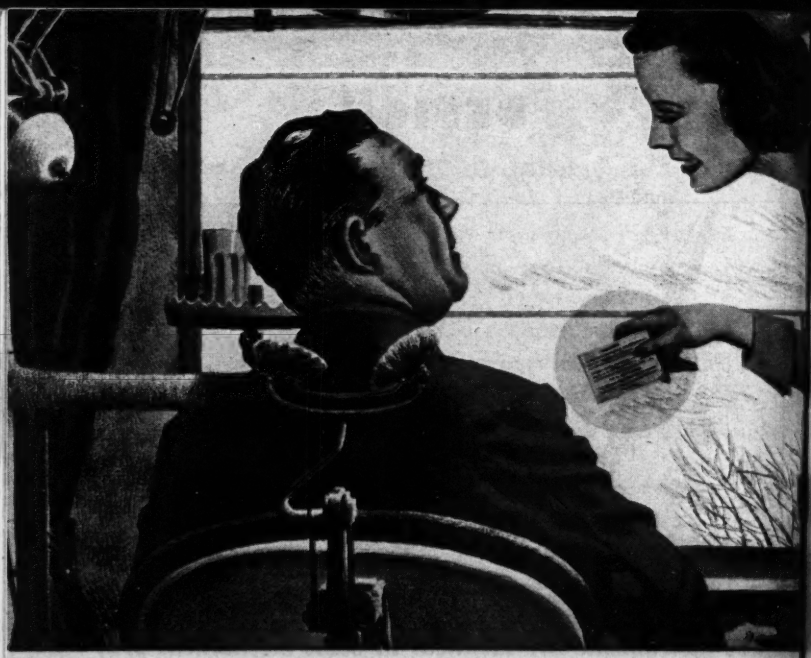
- A new *twist* in the handle, which automatically encourages the desired up and down rotary motion for gentle gum massage. For Double Duty—thorough cleansing plus gentle gum massage—insist on the brush with a *twist*

DESIGN *makes a difference*



The D. D. Toothbrush is available with the popular two row bristle head as well as the larger three row type. Recommend the style best suited to your patient.

Product of BRISTOL-MYERS 19 West 50 Street, New York 20, N. Y.



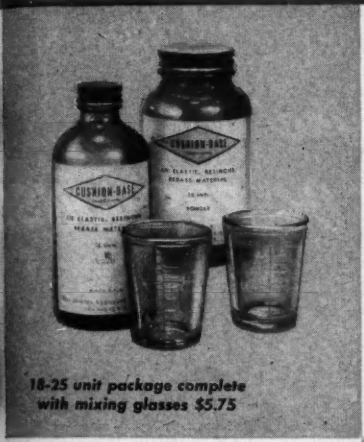
It's all over—including the shouting

To be reasonably certain there will be no "shouting"—no post-operative pain . . . administer two Anacin tablets. Anacin not only gives fast relief, but prolonged relief as well, following extractions or painful instrumentation. It's the dentists' choice more than 2 to 1 because Anacin is a *dependable* analgesic. If you are not receiving Anacin every month, request it on your letterhead.

ANACIN

WHITEHALL PHARMACAL COMPANY • 22 East 40th Street, New York 16, N.

2 aids to modern dentistry



18-25 unit package complete with mixing glasses $5.75

CUSHION-BASE

A PERMANENTLY ELASTIC, RESINOUS REBASE MATERIAL FOR CORRECTION OF ALL TYPES OF ACRYLIC DENTURES "AT THE CHAIR"

CUSHION-BASE is the therapeutic approach to the ill-fitting denture. Especially valuable when used as a cushion or pad to relieve pressure or rubbing. Elasticity of material permits nature to correct areas of mouth irritation caused by rubbing or occlusal pressure. CUSHION-BASE permits reseating of the denture *at the chair* and assures close adaptation to oral mucosa.

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RESINOUS IMPRESSION MATERIAL FOR EDENTULOUS AND PARTIAL CASES

For accuracy in IMPRESSIONS WITH THE MUCOSA AT REST. Records and retains detailed accuracy. Deficiencies may be corrected on original impression. Models may be poured any time from ½ to 2 hours *after taking impressions.* No need to store in water, nor do impressions require glazing, hardening or other treatment. Sets in two minutes at mouth temperature.

17 unit package with two graduates and informative technical brochure $4.50

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Manufacturers of TRI-TEX

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DP Goes to the Sea
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PERFECT IMPRESSIONS!

EW THREE-IN-ONE CREAM

the *finest, most accurate* aterial you have ever used r *Full Mouth Impressions.* RY IT!

LASTIC IMPRESSION CREAM

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PRESSION COLLOID

e outstanding reversible ydrocolloid. Combines ughness with *accuracy.* r *Partial, Bridge* and direct *Inlay Impressions.*

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ALWAYS USE ACCORDING TO DIRECTIONS

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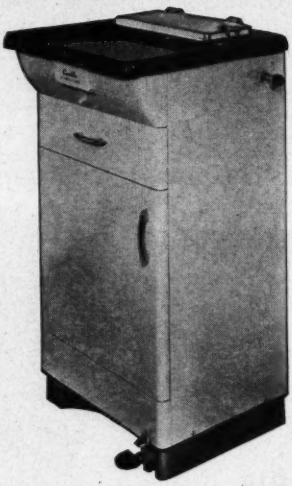
It's New, Different, Better!

Castle "SPACE-MAKER" Sterilizer

● Enlarged table top holds instruments and utility trays with ample free working space still available.

● Newly designed boiler cover is solid bronze, for rugged, long-lived and trouble-free service.

● Boiler rim tapers inside to control condensation. Deeper outside rim seals tightly with top to prevent leakage in cabinet. Lifetime Cast-in-Bronze construction, tin-lined to prevent corrosion.



● Modern, streamlined design gives sterilizer new functional beauty... makes it an impressive unit for any office.

● Illuminated plastic nameplate serves as pilot light for quick on-or-off indication.

● Full Underwriter's Approval.

● Compensating oil-check foot-lift is noiseless. Cast aluminum base leaves no rust stains; is toe-recessed in front.

Utility cabinet lights with door opening; has glass shelf and ample space for tall receptacles.

NEW BEAUTY!
NEW FEATURES!
NEW CONVENIENCE!

That's the new Castle "SPACE-MAKER" Sterilizer. Place your order now for the new "SPACE-MAKER" Sterilizer which gives...

ALL THE FACILITIES SO LONG WANTED.

Duplex drawer has bottle rack, storage space, 2 porcelain trays which fit into boiler.

Castle PIONEERS SINCE 1883 IN SAFER STERILIZATION

More dentists prefer

PREPARED LIQUID X-RAY CHEMICALS

than any other brand!

4 *out of every* 5 dentists who develop their own X-ray film use prepared liquid chemicals.

3 *out of every* 5 who use prepared liquid chemicals prefer FR to the next leading brand.

4 *out of every* 5 who use prepared liquid chemicals prefer FR to the 3rd and 4th brands *combined.*

* A recent independent survey shows that FR Prepared Liquid X-Ray Developer and Fixer are *first choice* with more dentists everywhere!

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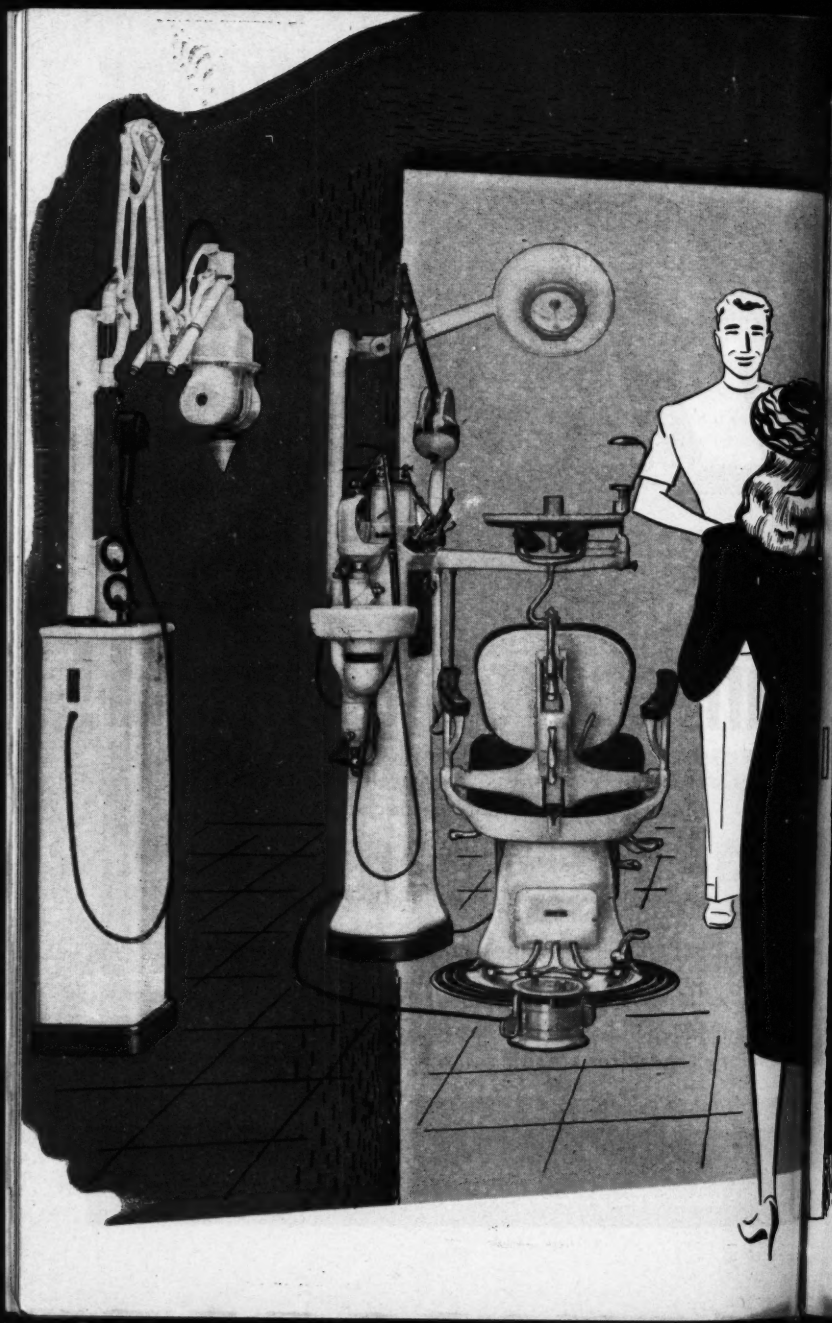

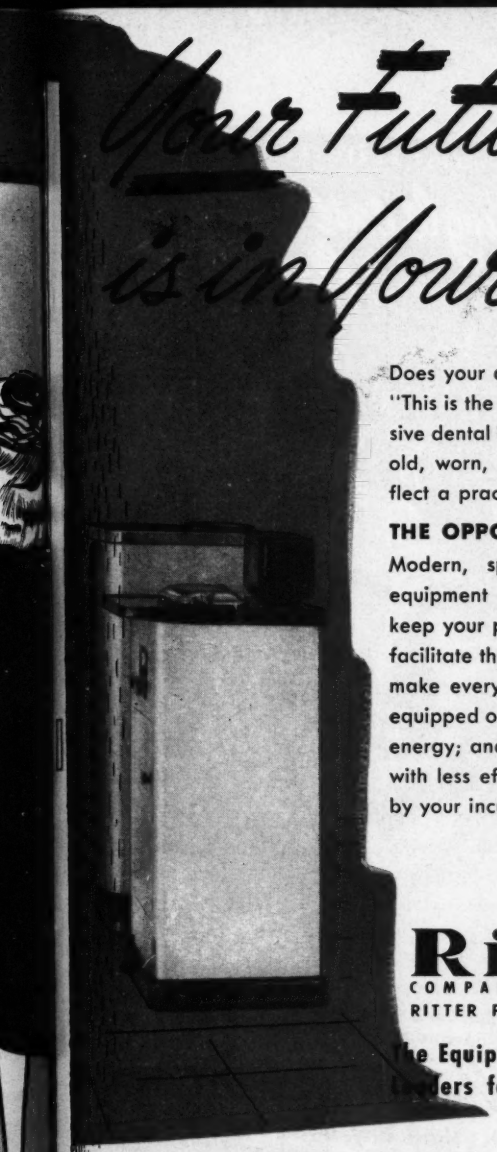

Your Future is in Your Office

Does your dental office say to patients "This is the working home of a progressive dental leader" . . . or does it reveal old, worn, outmoded facilities that reflect a practice that's getting old?

THE OPPORTUNITY EXISTS NOW

Modern, sparkling, impressive Ritter equipment can do much to help you keep your practice young. Designed to facilitate the full use of your skill . . . to make every motion count . . . a Ritter equipped office can help you save time, energy; and you handle more patients with less effort. Patients are impressed by your increased operating efficiency.

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"Not one single case of throat irritation due to smoking Camels!"

Yes, that's what throat specialists reported after making weekly examinations of the throats of hundreds of men and women from coast to coast who smoked Camels, and only Camels, for 30 consecutive days.

According to a Nationwide survey:

More Doctors smoke Camels than any other cigarette

When three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel!

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It's easy to teach children to brush their teeth, when the dentifrice is Kolynos. The delightful minty flavor, the cool, refreshing after taste of Kolynos, help make a pleasure out of what could be a daily chore. What is even more important, Kolynos cleans teeth thoroughly and brightens them too when dullness is due to improper cleansing. Why not get your "small fry" patients off to a good start with Kolynos. If you would like to have samples, just send us a note on your letterhead. We will be happy to oblige.

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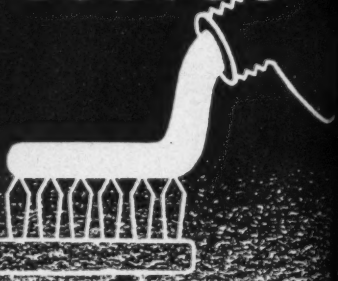
Amm-i-dent



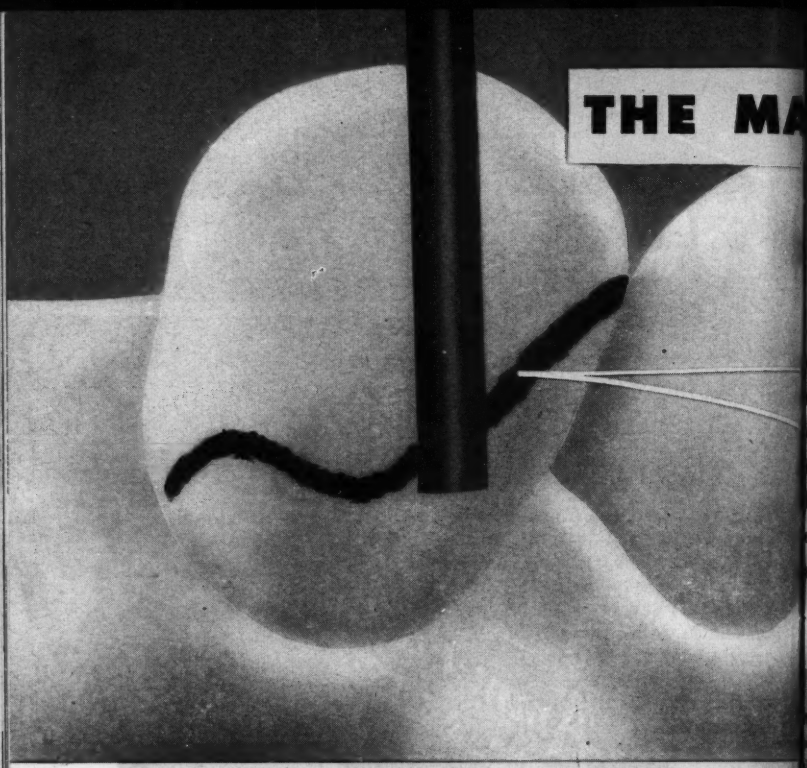
Amm-i-dent—the original ammoniated dentifrice—is now available in *tooth paste* form . . . a major triumph of pharmaceutical chemistry. • Amm-i-dent Tooth Paste has been adapted from the Amm-i-dent Tooth Powder formula, which clinical tests have shown to reduce the caries rate by 35.2% to 41.9% (depending on method of calculation used)[1]. • It is completely stable and will maintain its ammonia-releasing properties indefinitely under all normally experienced conditions. • It is *safely* effective . . . inhibits L. acidophilus more than *any* ammoniated tooth powder. Yet clinical tests and gingival biopsies have demonstrated dependable freedom from toxic or other adverse effects. • Amm-i-dent Tooth Paste has the high urea content essential for the penetration of thick plaques—13% urea (carbamide) plus 3% dibasic ammonium phosphate . . . yielding in the mouth (under average use) approximately the same ammonium concentration as Amm-i-dent Tooth Powder. • It cleans and polishes thoroughly, and has an appealing flavor. Whether paste or powder is preferred, you can reliably recommend Amm-i-dent—the *only* ammoniated dentifrice with published clinical evidence of caries reduction. Combination packages, with a Py-co-pay Tooth Brush, available for the price of the Brush alone, for patient distribution.

[1]Henschel, Chester J. and Lieber, Leon, Jl. Dent. Research 28: No. 3 (June, 1949)

Amm-i-dent

Tooth Powder or Tooth Paste, as preferred

AMM-I-DENT INCORPORATED, GH



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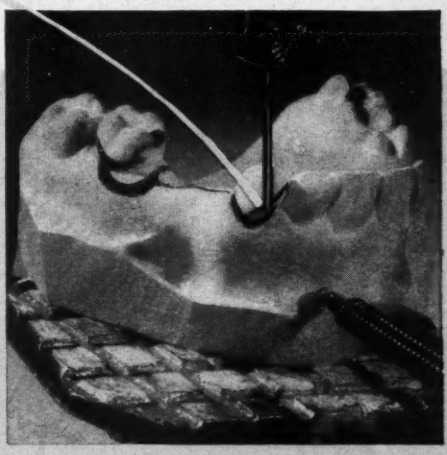
Every case received at BOOS is immediately surveyed b executive experts with years of study, training, and exper ence in designing thousands of successful cases. Accura survey is the initial step in planning restorations to me the problems presented. BOOS, in applying this accura survey to every case, is thereby always able to assure t high standards which, since 1902, have earned BO acknowledged leadership in its field.

WHO DRAWS THIS LINE

must be an EXPERT

... for this initial survey line, properly determined, establishes the undercut areas and pre-determines the path of insertion and removal. It must be accurate and exact, for on it depends the correct design which will establish structural balance, proper function, maximum retention and stability. This initial care is followed up by processing with the finest materials and most modern laboratory equipment under the direction of skilled technicians who have specialized in the type of restoration required.



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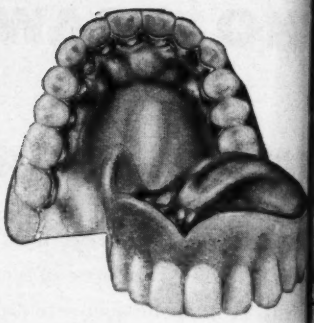

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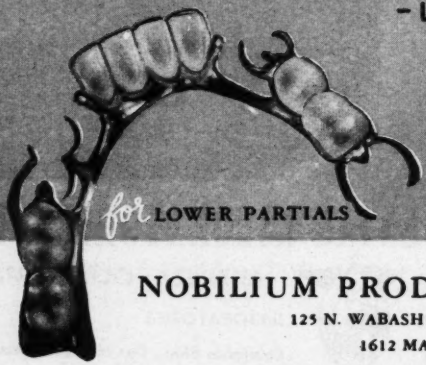
It's NOBLE

-in quality -in appearanc

-in performance

-in fit....



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NOBILIUM PRODUCTS, INC.

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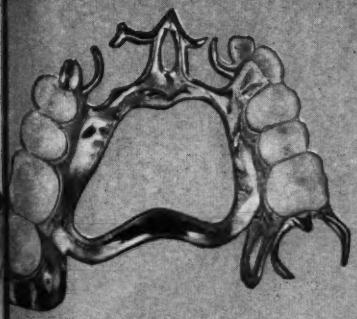
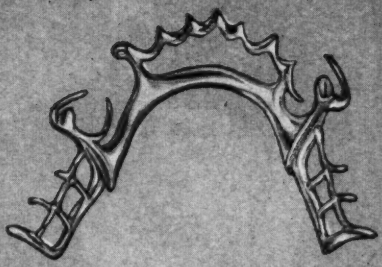


for ALL-METAL PARTIALS



for ATTACHMENT CASES

Today, more partials are processed with Nobilium than any other chromium alloy in many of the nation's largest cities and smallest communities. Such popularity must be the result of definitely desirable qualities.

Dentists are particularly pleased with Nobilium's dependable r-e-s-i-l-i-e-n-c-y, and the fact that Nobilium clasps can be adjusted easily and without fear of breakage. Thin, light, finger construction assures retention without stress or strain on abutments. Truly, Nobilium is friendly to teeth as well as tissue.

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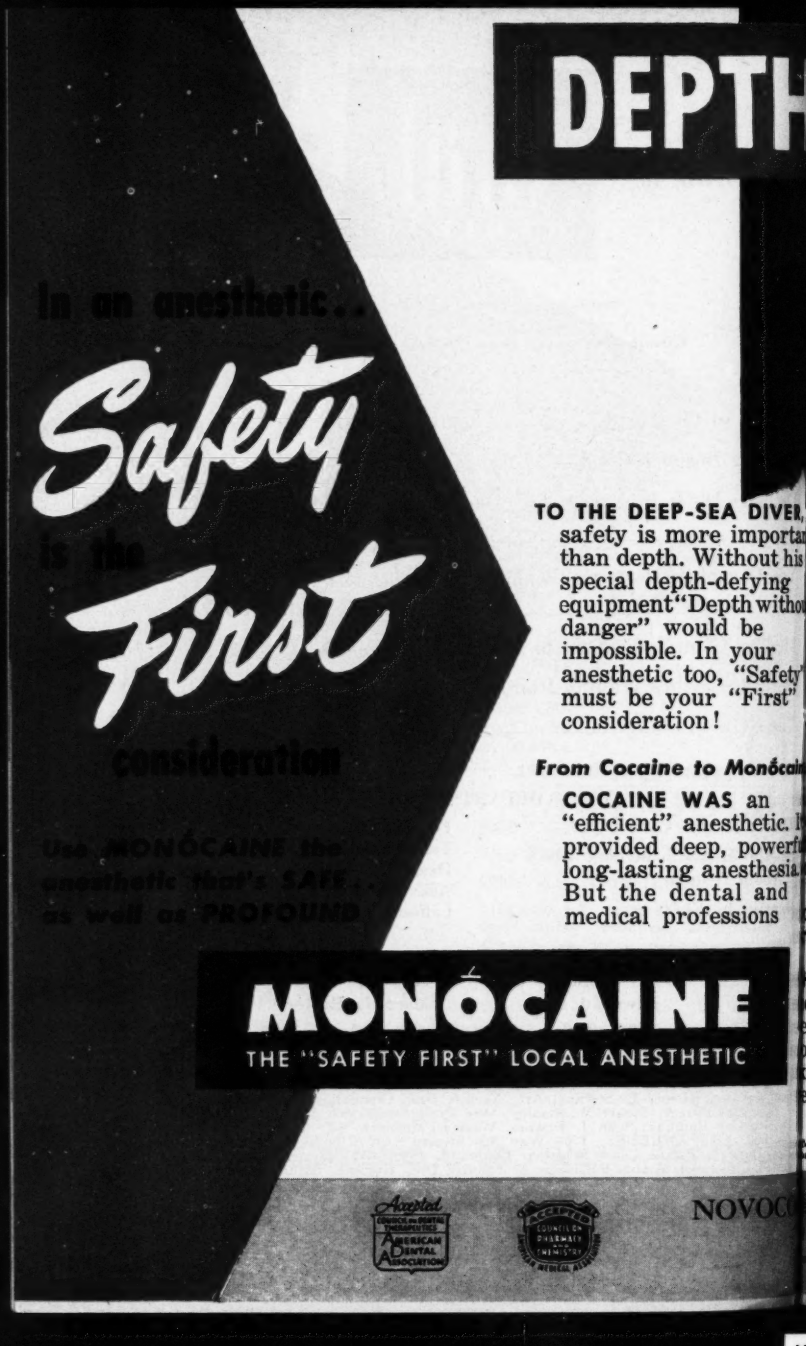
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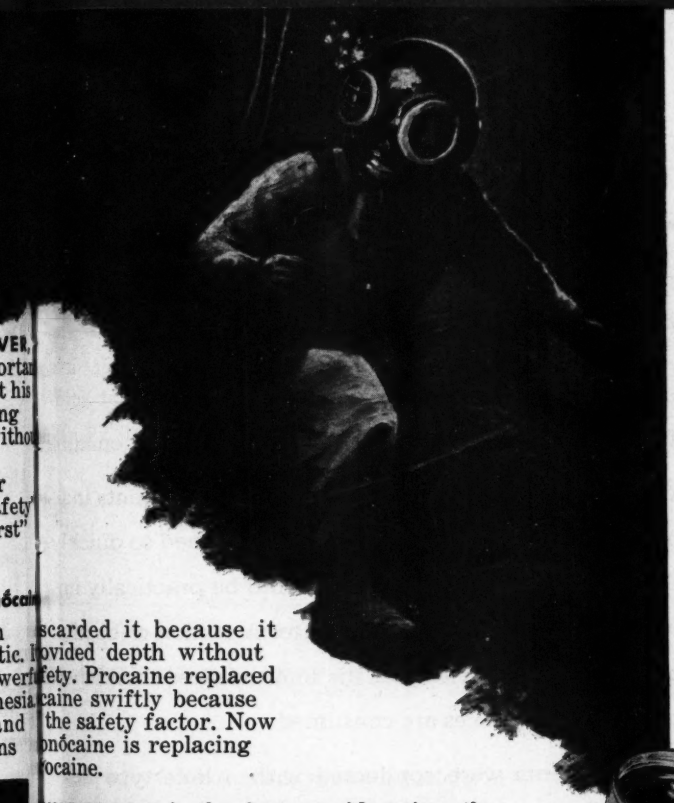

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ACIDULENT EFFECTS OF CARBONATED B

NOT A LIKELY CAUSE OF E

Claims have been made by certain dental groups that acidulated beverages may be a cause of erosion of tooth enamel.

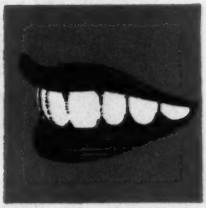
Clinical experiments[1] on a group of 30 to 40 patients indicate that bottled carbonated beverages are washed so quickly from the mouth that enamel erosion would be practically impossible. They further indicate that after ingestion of bottled carbonated beverages, acidity of the mouth is less than when certain natural fruit juices are consumed.

The experiments were conducted with a kola-type beverage, orange juice, grape juice and tomato juice with the following results. The numerals listed in the chart are average for approximately 8 to 10 persons in each beverage group and the figures are based on the average recording of the pH meter.

1. Haggard, H. W., and Greenberg, L. A., personal communication, 1949

BEVERAGES

ENAMEL EROSION



	CARBONATED BEVERAGE	ORANGE JUICE	GRAPE JUICE	TOMATO JUICE
pH* before drink	6.45	6.45	6.55	6.45
pH 5 minutes after drink	5.17	4.98	4.82	4.94
pH 10 min. after drink	6.02	5.88	5.98	5.95

*pH is the symbol used in expressing acidity or alkalinity of all substances. pH7 is the neutral point. Above 7, alkalinity increases; below that figure, acidity increases.

AMERICAN BOTTLERS OF CARBONATED BEVERAGES

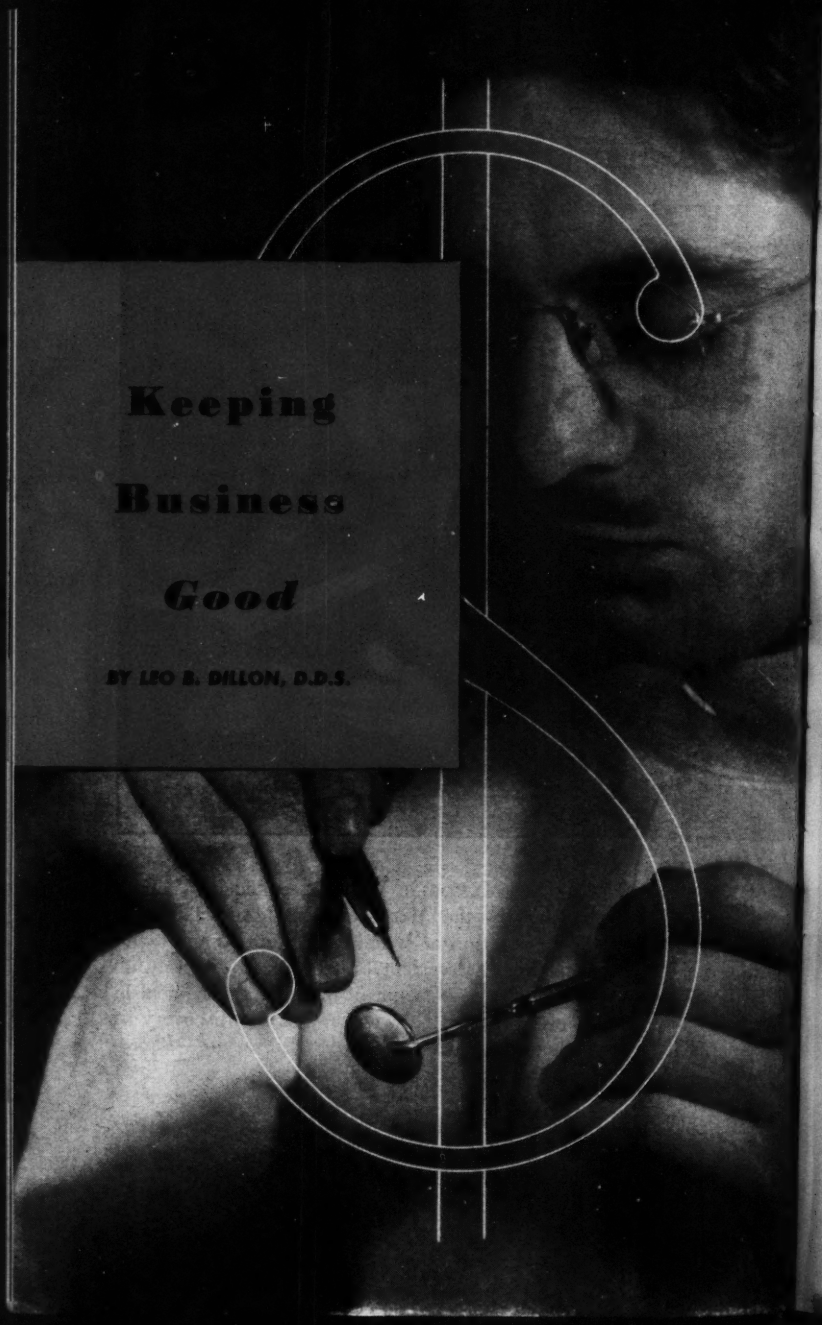
The National Association of the Bottled Soft Drink Industry

WASHINGTON 6, D. C.

Picture of the Month

A COPY of the HORACE WELLS MEMORIAL VOLUME, edited by William J. Gies, Ph.D., and published by the American Dental Association, is presented to the Library Association of Warehouse Point, Connecticut, by Doctor E. Harvey Richmond, President of the Horace Wells Club of Hartford. The volume contains an account of the observances held in 1944 when honor was paid Wells on the centenary of his discovery of anesthesia. The book is accepted by Miss Carol Allen, Librarian.—*Photograph by the Hartford (Connecticut) Courant.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 *Church Street, Evanston, Illinois.*



Stabilize the economy of your dental practice by following these suggestions.

COLLECTIONS are poor. Money is getting tight. Complaints of all kinds are increasing. But do you hear any valuable suggestions to cure the collection problem or correct the complaints?

Find the cause of the disease, remove the cause, and the treatment is easy. The circulation of money is ample. Dental service is urgent. Our offices should be crowded and we should have no collection problem. The dental profession is still woefully short of supplying the services needed. The new blood that has been added to our ranks has hardly replaced the members who have died or retired from disability or old age.

Fears of all kinds are crippling the progress of business. We hear of a depression that is on the way, of a future war. Prices are going to continue to rise. Salaries are not to rise in proportion. Wages are to be raised. Strikes are to occur. Taxes will not be reduced. Wasteful abuses will continue in the national, state, and local administrations of government. These topics are the subjects of conversation in some dental offices. Practitioners will gripe the hardest about their poor collections while they are creating in the minds of their patients reasons for not paying their dentist and others with whom they have incurred debts.

Let us talk about the subject that is most interesting to us: namely, dentistry. Let us make that subject interesting to the patients by applying the subject to their case, their appearance, their health, their comfort, their children. This is the subject that gives them a lift when they come to your office, and they leave refreshed and actually feel mentally as well as physically benefited from your service. They have all these thoughts of depression, danger of war in the near future, and tax worries. You have given them a health service, you have made them feel a lift mentally and spiritually, which increases your value to them. The conclusion is: they buy and pay for that which they believe gives them best value for their money.

All dentists have enjoyed an increased income during the war years and the years since; all of us have formed living habits developed as a result of this increased income. Some of us have developed habits of thrift. All of us desire to maintain our standard of living and we hope to continue our habits of thrift.

Continuing in that channel of thinking, here are ten commandments of good dental practice that I submit for your careful consideration:

1. *Maintain your high standard of dental service.*

Strange, is it not, that I should

even mention such an assertion? But if I am going to be realistic rather than idealistic, I will have to put it first. I have seen men react to all varieties of conditions, such as the problems of starting a practice, facing a depression, the temptations of boom times, and the pressures of war conditions.

Individual dentists react differently to these periods. Under pressure some resolve to render a service of the highest caliber. They become so enthusiastic about their service that the patients cannot help but feel it.

Under these same pressures, fears of all kinds grip other dentists. They must see everyone who comes into their offices. They fear that other dentists will attract patients who they feel are theirs, so they reduce their fees. If times are good they will have inadequate fees and perform poor service. If times are hard, they cannot afford to do better because they get so little. When they finally become conscience-stricken, habit has made such strong inroads on their characters that they cannot summon the inner discipline necessary to force a change. A small proportion gather up the fragments of their practice and with sheer will power improve their thinking and their modes of practice. You build the kind of a practice you want whether you do it by intelligent planning or by drifting with the tide.

2. *Know all your costs to produce this high standard of service.*

The knowledge of costs to produce your high standard of service covers more than determining your hourly cost in dollars and cents. Keep an accurate record of the time spent at the chair and at the laboratory for one month (if you do your own laboratory work). Divide these hours into your total monthly expense. In order for this to be absolutely accurate, you should do this for a year.

You have an investment in your education and your equipment that might earn interest if used otherwise. Your equipment depreciates. This is an added cost that is individual. Dentists should have a markup above their computed hourly cost. Also included in this markup is the cost of acquiring exceptional skill, which may be ascertained from numerous experimental tests in your office. This skill may result from postgraduate courses. All other businesses have their markup costs. Why don't we dentists do something about it?

3. *Arrive at your fee scale.*

Your cost is individual. Then your fees have to be individual. You add to your cost a reasonable profit and the sum of your cost and profit is your minimum fee.

Everyone can determine how long it takes him to perform an individual service without either tension or hurry and, based on the time element, arrive at the minimum fee. Of course, the size of the town, the economic status of the patients, the habits and customs of the people in the vicinity, all have a

bearing on the fee scale. The prevailing fee of other dentists has little if any influence on your fee. The industrialist, banker, merchant, and capitalist spend more on their clothing, pleasure, health, and comfort than the laborer and clerk. They expect to pay more for their dentistry.

4. *Inform yourself fully about the patient's income, obligations, tastes, and his sense of values so you can individualize every case.*

When a new patient asks for an appointment, have your secretary immediately call your credit bureau for credit information. When the patient arrives, my secretary gives him our acquaintance form to fill out. It has been exceptional to have anyone object to this form. It has saved us from treating "deadbeats." On the back of this form is space for the credit bureau report, so I have all the information about this patient on one sheet.

My assistant escorts the patient to one of my operating rooms, seats the patient, tells me the patient is ready, and when I come in she introduces me to the patient. I ask, "Are you in pain?" If the patient is in pain or uncomfortable, render the service to correct this immediately. If the patient says "no," I then ask: "Is there any service that you feel is urgent *now?*" Listen attentively, and plan from this conversation how to sell him a complete dental diagnosis which is not difficult if you have a method prepared. You should at this opportunity carefully note the type of dental service his mouth reveals, ask questions in a manner that will determine his opinion of this service. Get his sense of values as it relates to dentistry. Tell him how necessary it is to know the condition of each tooth from the crown to the root end. You will know your patient well if you have observed carefully, listened attentively, made your deductions, and formed your conclusions.

The sense of values of patients is surprising. People with little income often place a high value on your services and buy a service that you cannot sell to well-to-do people. Let us find the right appeal for these well-to-do people.

5. *Diagnose your cases carefully, completely, and accurately, using all the means at your disposal such as clinical examination, roentgenograms, pulp tests, and study cast.*

If you know the extent of the diseased area, you can arrive at an estimate that will almost be the actual fee. Let us take more time to render a diagnosis. The more you know about the condition present, the more assurances you can give the patient and the more poised you will be at your presentation. This will add greatly to the confidence you will inspire in the patient and the more willingly will he accept your recommendations when you present them.

6. *Evaluate all the information up to now and estimate your total fee for the entire case.*

You have a knowledge of the patient from personal association.

You have a credit report. You have made your diagnosis. Review all these facts in your mind. Read again the facts written in the patient's case history. From all this information, list the individual services and arrive at your total fee.

For some patients I recommend one estimate. "Mr. Patient, this is the service of choice that will restore your mouth to health and comfort. No other plan will do as well and you want the best service, do you not?"

For other patients you can offer as many as three estimates. You must know your patients and be sure they understand the limitations and differences between each plan offered.

7. *Use all the educational aids and selling slants to create a definite want that will induce the patient to buy your service.*

You mentally classify this patient; that is, is he health-minded, appearance-minded, prestige-minded, or price-minded?

Plan your next appointment accordingly. You cannot have a "canned" sales talk. You must have several. Emphasize the appeal that you think fits him; adroitly bring in other appeals. When you have casually mentioned an appeal and he shows unusual interest, hammer on that appeal. For instance, suppose you are emphasizing appearance and he shows an interest in comfort and economics. "Mr. Patient, this service will give you comfort with less chance of future trouble than any other form of service I know. You are interested in a satisfactory service that will last for the longest possible time, are you not?"

This is the appointment that makes you a success or a failure. Use your imagination. Do your best to see your patient in a way that will help you present his case in a manner that will give dentistry its highest value so he will buy. This will make you have your highest valuation for dental service, acting as a stimulus to prod you to your highest performance of dental skill. Watch your patient to determine that he understands what you are telling him. Use models, charts, and samples. They are a great help when needed, although they have a "kickback" if not needed.

8. *Finance the service satisfactorily to both your patient and yourself.*

Accounts are financed by: (a) cash· (b) pay as you go, (c) financing through a loan company or bank (d) open account, (e) installment contract or budget plan.

What is his credit reputation? If it is good, then let him buy on open account, or a combination of an initial payment and the balance on open account.

You can take a small income earner with a good reputation and work out a budget plan. That will prove satisfactory. He buys his radio and car this way, so you had better finance the account the same way. Here is an index that

has proved correct for us. We look at the size of our total fee and we note what the credit bureau says he now owes on his car, radio, and other purchases. Remember that he can stretch his income so far and no further.

Dentistry is a commodity of health service and like other commodities must be marked in the like manner. Cash is no *solution.*

We should realize that dental service is not begun and completed at one sitting; therefore, the patient who says he will pay cash is not an entire Utopia in himself. You should have a credit report on this patient. The person who pays cash may be one who has been refused credit because of a bad prior credit record. Or he may be one who is so affluent that he can easily care for his personal needs. The chief disadvantage to you in such cases is that the extent of your service must be governed by the cash in hand, and you may not be able to carry out the program that the patient needs.

All five ways of financing dental accounts have their strong points and their weak points. We dentists, along with meeting the many requirements necessary to build a successful practice, have to be financiers and credit managers, too.

9. *Be fair to your professional colleagues and assistants, your patients, and your creditors.*

We blame others for our shortcomings and assume all the credit for any element of success. On a fair and impartial analysis we deserve but little credit for the station we occupy in human society. Quoting from Jack Lacy:

(1) The brain that you were given to begin with: You had nothing to do with that.

(2) The circumstances that surrounded you on the way up: You had very little to do with them.

(3) The amount of effort you put in to succeed: You contributed that part, the least important of the three.

Of all the people making a worthy contribution to our success, we must give credit to our helpers. These include our professional colleagues, our commercial technicians or laboratory company, local supply houses, and dental manufacturers.

There is no such thing as a self-made man. Some put forth an unusual amount of effort and have the good fortune to have a better sense of value and the judgment to take full advantage of their opportunities. They also possess exceptional energy, coupled with an overdose of aggressiveness. With that they need a sense of justice and a feeling of charity and understanding toward those they meet in all their professional and business relationships.

10. *Acquire the habit of thrift.*

You cannot be well-poised and well-adjusted if you are worried and harassed by the thought of a poor month or the sudden cessation of business activity brought on by accident, sickness, or other

emergency. These situations can be avoided only by acquiring the habit of thrift.

Let us try to look at ourselves as the patients see us. Do we appear an interested partner in keeping them in good health, or do we appear as a tradesman swapping dollars for dentistry? Everything about us—our appearance, our handshake, our mannerism, our voice, either attracts or repels people. With that thought in mind, we must try to present our true self to everybody. When we have kept our mind with thoughts attuned to the patients' welfare and felt sincerely that in doing them a service we elevate their estimation of us and our profession, we are truly professional men. We should tie our patients to us with a tie of affection and interest, and when we have completed the necessary service we should end this relationship in a manner like this: "Mrs. Blank, it has certainly been a pleasure to have served you and to have known you as intimately as this service has made possible. I can assure you that your mouth is now in a state of health, but having studied the conditions that were present when you came to me it will be absolutely necessary for me to see you in four months. During the interval of that time I hope you will carry out all my instructions to maintain this present health level. If I do not see you at that time you must assume a much greater responsibility for the consequences of your delay."

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

ORAL HYGIENE AWARD

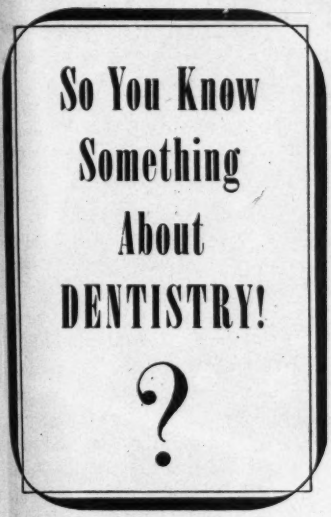
This article by LEO B. DILLON, D.D.S., *has won the* $100 ORAL HYGIENE *award for the best feature published this month.*

★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

Everybody who has anything to sell is making a wild scramble for the consumer's dollar. No weapon is barred and all are taking full advantage of it. The radio, the newspaper, the billboard, and personal salesmanship, are all bombarding the customer with the attractiveness of what is offered. Dentistry stands by helplessly. Our only weapon is personal salesmanship, and many of our patients already have been fully "milked" before we see them. We had better do something about it. The shortage of dentists is one of the many reasons why we do not need the weapons that the salesman is using. The influx of patients into our offices now is such that if we did all the dentistry that they needed and could be persuaded to buy, it would more than keep us busy. But since more dentistry is going out of our offices undone than that which we are doing, we had better do something about improving our practices.

916 *Woodward Building*
Birmingham, Alabama

So You Know Something About DENTISTRY!



QUIZ LXI

1. A cementoma contains (a) only cementum, (b) cementum and enamel, (c) cementum and dentine. .....

2. Is calcification of the pulp of deciduous teeth ever noted? .....

3. The pain of pulpitis results primarily from (a) thermal changes, (b) pressure on nerve endings, (c) chemical reactions. .....

4. With a favorable occlusion, an alkaline ash diet should (a) increase, (b) have no effect on, (c) decrease, dental caries. .....

5. Should amalgam be mulled in the palm? .....

6. With fluorine present in amounts of 1 ppm in domestic water supplies, dental caries is reduced (a) 20-30 per cent, (b) 60-70 per cent, (c) 90-95 per cent. .....

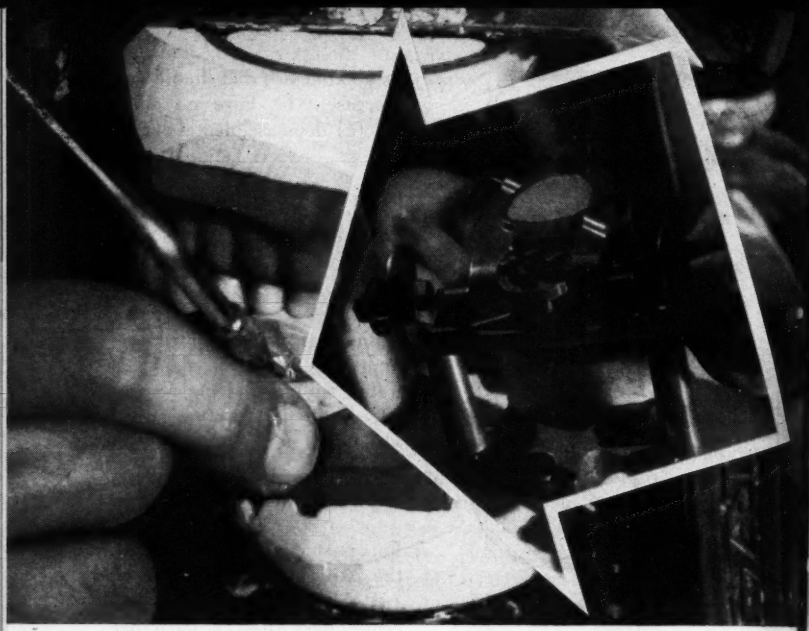
7. For posterior bitewing films, the exposure time should be (a) the same as, (b) 20 per cent longer than, (c) 75 per cent longer than, that for periapical examinations. .....

8. Why is hyperplasia of the dentine possible? .....

9. In the absence of pain, small doses of the barbiturates will usually induce sleep within (a) five, (b) thirty, (c) sixty, minutes. .....

10. What causes the so-called "black line" in porcelain inlays? .....

FOR CORRECT ANSWERS SEE PAGE 1538



Do You Do It in Your Office, Doctor?

By Edward L. Wharton, D.D.S.

IN THE EARLY years of my practice, I conceived an idea regarding the sterilization of instruments. It was to immerse them in pure grain alcohol, which was rather cheap at that time, and allow them to remain there until needed. I wrote a short article about it which was published in a dental periodical. It drew a few letters, one or two of which were so commendatory that I thought I had better try the method myself. I do not know how these dentists who wrote the letters of praise made out, but when I used it in my office it was a mistake. The instruments rusted, and, when I removed them, the alcohol ran down over my oak cabinet and took off the varnish, and the office

Are the techniques demonstrated by clinicians of practical use in your operating room?

acquired the odor of a cheap saloon. On paper it was a good idea, but it was no good in the office.

Local Anesthesia

A number of years ago I attended a lecture on the administration of procaine. The instructor had a diagram of the head and showed us where to insert the needle for all types of operations. When he made his injection, there was no operation he could not perform. When he injected the needle, that tooth was anesthetized. After the class was over, I edged up to the lecturer and said to him, "Doctor, I have tried to do as you say it should be done, but sometimes I only get partial anesthesia and again none at all. What is wrong?"

"Oh, Doctor," he replied, "if you get a good result seven out of ten times you are doing better than average."

That is what I thought. I recalled that when I was new at dentistry and attended meetings, I listened with open ears and believed it all. I went back to my office and tried new techniques. Failing more than once, I almost decided that dentistry was not for me, that I had taken up the wrong vocation. And I thought of the young men in this class who would return to their offices and give their first injections, all of which might be the three failures, and grow discouraged, not knowing that the next seven would be all right.

Why cannot clinicians and lecturers tell the truth and admit an occasional failure, instead of being smug and complacent about their subject? Most of them do not want to teach; they just want to show off.

Resection

I once saw a man resect the inferior dental nerve. It was marvelous, the way he did it. He made a small hole in the region of the foramen ovale somewhere back among the gasserian ganglia. Then, with a small pair of tweezers, he took out a section of the nerve just as easily as you would remove a worm from your garden. I was not too much impressed by this, as I had heard that there were only three men in the country who were capable of performing this operation, and he was not one of these three. I also was skeptical because the only instruments he used were a piece of chalk and a blackboard. Maybe he did it that way in his office.

It may be that you have made a full upper and lower denture occasionally, as I have, in which, although the tryins were perfect, when the dentures were placed in the mouth, the teeth did not meet in the anterior region. If so, you probably did as I have done. You got out the carbon paper and ground away at the molars, hope-

fully wishing that the anterior teeth would come together soon.

I attended a course of lectures on this subject. The instructor called it, "The Avoidance of High Posterior Occlusion," or some equally high-sounding title. We sat and listened to *over-compression* and *under-compression centric occlusion, lateral thrust,* and so on. He made a case for us. I supplied the edentulous patient for him. There was only one difficulty: When he put the finished dentures in the mouth, the anteriors did not meet by a good many millimeters; in fact, by about a quarter of an inch. I remember the man standing next to me saying, "Hm, that's the way we do it."

But did this disturb our instructor? Not at all. He merely said, "And now, gentlemen, we come to the last step which is called 'milling-around.'" Then he took some carbon paper and used it until his fingers were blue. He ground away, even as you and I would. He could have saved us considerable time and some money had he simply said in the beginning, "This is something that happens to all of us at times," and let it go at that. Of course, he did not perform this in his own office. Perhaps it would have been different there.

Rubber Dam

I once heard a lecture on what was then called "treatment of teeth." This later became root canal therapy and now goes by the name of "pepodontia." (Or is "pepodontia" children's dentistry? There are so many "dontias" that I can no longer keep them all straight.) He made the statement that the rubber dam should always be used in this procedure. Perhaps you see teeth you are treating on which you can use the rubber dam. The teeth I see that need pulp removal are so broken and worn down at the gingival margin that the rubber dam is useless. I questioned him after the talk. He said, "I never use the dam in my office, but it seemed to be the thing to say so I put it in the paper." And, mind you, he was a professor in a college and was teaching this to students.

Speaking of the various "dontias," if I may digress for a moment, I once had an office on a street which was inhabited largely by dentists. One day a patient came in and said, "Doctor, you have set me straight several times and now I am going to impose upon you again. I once saw a sign on this street which stated that the man was an exodontist. You told me that he practiced exodontia and extracted teeth. Then I saw a sign which said that another fellow was an orthodontist. You patiently explained that he practiced orthodontia and straightened crooked teeth. Now I see a guy with a sign, prosthodontist. What does he do?" I told him that a prosthodontist was a man who made false teeth. To this he replied, "Then why doesn't he say what he does, instead of having a sign like that?"

I no longer extract teeth. Never-

theless, I went to see an exodontist operate. He was supposed to be an expert; the kind that Simpson used to tell about who work so fast that they keep two in the air all the time. He was fast, but I was disillusioned to learn later that all his clinic cases were roentgenographed and carefully selected beforehand. They were the kind which, although they looked difficult, any right-handed dentist could remove easily with his left hand.

Do you worry sometimes when you see those perfect cavity preparations on the amalgam dies when the inlay specialists give their clinics? Everything is so exact. The slice is just as it shou'd be, the margins are precise, and there is not the slightest indication of an undercut. I felt remorseful about mine, until I learned that most of these dies are carefully "doctored" before they are shown. Ask your laboratory man about some of the preparations he gets. These are from the office.

Here is a series of three techniques which practitioners performed in their offices.

The first was performed by a periodontist. He regenerated the alveolar process and caused it to grow again so that the teeth were held firmly in place as of earlier years. He had an article published about it and showed roentgenograms, to prove that he did it. Of course, this took some time to do and was expensive to the patient. A friend of mine read about the technique and did the same thing in his office, except that he did it in a short time. My friend took two roentgenograms at the same sitting. He lengthened the angle in one and shortened the angle in the other. In the roentgenograms with the angle lengthened, the bone was almost gone; in the one with the angle shortened the bone was back almost in its original position. He sent the two roentgenograms to the specialist and told him that he had obtained the same results as he had; but that it only took him five minutes to do it. He never received a reply.

Orthodontist

The second technique was performed by an orthodontist in the days when orthodontia was called regulating teeth. The lecturer told the class that he was doing some regulating for a woman who was 44 years old. He did not seem to like it when a member of the class said, "Doctor, what are you regulating, her bowels?"

The third technique involved root canal therapy. There was a dentist who at one time was considered excellent in this field; at least in his own opinion. A friend told me to take his course because, as he said, "When you see the mistakes he makes, you will feel better about your own service."

I took it and must confess that I do not remember much about the course, but he consumed one evening telling us about a patient of his who had a toothache. The patient called up our friend one

evening and told him that he was suffering and would he see him. Our instructor said that he would, and proceeded to tell us about the preparations he made to take care of him. He explained at length how he did not have any assistant to help him, his x-ray machine was a bit uncertain, his light was not too good, and he apparently had to sterilize all the instruments in the cabinet. One might have thought that he was getting ready to remove a tumor from the brain. He was most scientific. From his description, the case was one of those teeth that has started to abscess. You know the kind. All you have to do is drill a hole in it, let the air out, and your patient says, "Oh, Doctor, that feels better already."

But not so with this dentist. He used the rubber dam and opened the tooth; removed part of the dead pulp, thereby stirring it up; inserted a dressing and sealed it with cement. Then he said most impressively, "And do you know, gentlemen, that patient didn't get any relief."

One of the class timidly ventured to remark, "Doctor, don't you think that if you had left the tooth open it might have been better?"

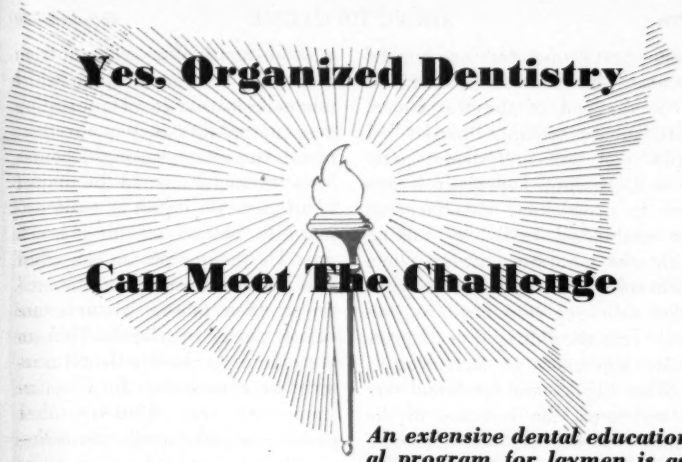
The scientist, with a contemptuous look that I have seldom seen equaled, replied, "Gentlemen, I would never think of leaving a tooth open."

My neighbor whispered to me, "He may be very up to date, but if he had left the tooth open the patient would have had relief which he probably would have preferred to such ultrascientific treatment."

Another clinician I heard lecture on root canal treatment had this to report. Three times was all he required, sometimes only two, to remove a pulp and fill the canal. I do not know about you, but I frequently take a dozen or more times before I get the canal in the proper condition to fill it. I think that some practitioners treat the tooth three times and, if it is not ready, they extract the tooth. This enables them to maintain their high batting average. But this dentist's claims were fantastic, and one by one the audience began to walk out. Finally, someone asked him what his experience was with third molars. He said, "Gentlemen, it may sound strange to you, but my most successful work has been with the third molars." Then, we all walked out.

50 *James Street*
Newark, New Jersey

Yes, Organized Dentistry Can Meet The Challenge



An extensive dental educational program for laymen is advocated by this dentist.

BY ROBERT C. WRIGHT, D.D.S.

IN AN ARTICLE in the June issue of ORAL HYGIENE, Doctor Harry Berlin discusses the challenge to organized dentistry of improving the dental health of the Nation.[1] It is a well-known fact that only 20 to 25 per cent of the population receive adequate dental care. The other 75 to 80 per cent receive, usually, enough care to keep them relieved of pain. It also is true that 112,000,000 people have their health in jeopardy because of inadequate dental care. It is a generally conceded fact that human life can be extended on the average by eight or nine years with proper dental care.

The problem is to supply these 112,000,000 people with the necessary treatment. This is not a problem of educating more dentists; it is a problem of educating the public as a whole to the necessity and desirability of dental care. People already know of the need for extraction if "a tooth aches." What the public should know is the need for preventive treatment, removal of infection, restoration of functional mastication, and for pride in esthetics.

Although there are not at the present time enough dentists to take care of all our population, radically increasing the number of dentists will not necessarily get these 75 to 80 per cent of the people into dental offices. Do not think for a minute that all the thousands of dentists in the country have their chair time filled to capacity.

[1]Berlin Harry: Can Organized Dentistry Meet the Challenge? ORAL HYGIENE 39:880 (June) 1949.

Some dental operators are booked solid, of that you can be sure. But since the end of the war boom, with money getting "harder," I think you will find dental practices decreasing. Especially is this true in prosthetics. This fact can be established easily by talking with your laboratory owner. When laboratory owners come to your office soliciting your business, you know that the fabrication of prosthetic appliances is decreasing.

When the demand for dental care is increased, the increase in the number of dentists will take care of itself. Inadequate distribution of dentists also is not the main problem. Wherever there is a need for a dentist and enough money available to give him a fair income, there will soon be a dentist available. The story about Carter County, Tennessee, residents receiving dental care from an unlicensed dentist authorized to practice by the State Legislature because no licensed dentist would live there gives a false impression of an extreme need for a dentist. The clipping states that "the 4000 residents of Carter County, Tennessee, are going to get their teeth fixed. . ." The state registry shows that there are seven dentists practicing in that county.

There are three reasons why people do not avail themselves of necessary treatment: (1) ignorance of the benefits of dental treatment; (2) fear of the pain which might be involved; (3) unwillingness or inability to pay for treatment. The main reason, of course, is the financial one. In the majority of cases it is not a matter of inability but of unwillingness to pay. These same people can afford new automobiles, liquor, tobacco, fine clothes, motion pictures, and beauty parlor treatments. They are not willing to classify dental treatment as a necessity. In a welfare state with free dentistry, these people would avail themselves readily of treatment.

A good percentage of our population are unable to pay for treatment. Treatment for these people must be the responsibility of an organized welfare program.

Reciprocity

The need for dentistry (do not mistake need for demand) is no argument for reciprocity in dental licensing. The fact that half of the dentists are located in six states has no relation to the need of other states. Dentists are located in these states because of concentrated population and wealth. If all the people in those six states availed themselves of treatment, those dentists located there would be needed. Dentists locate in areas where there is promise of an adequate income for themselves and their families.

In these states with fewer dentists, there no doubt are young men capable of becoming educated as able dental practitioners. These young men will become dentists as the demand for more dentists arises. There is no need for a national dental license so that dentists may move about the country freely. Most dentists practice all their lives in one city or town. If we are going to give all the people dental care, there will be as much need for a dentist's service in one state as in another.

If a recent graduate is not sure where he wishes to practice, the Army or Navy would be glad to have him for an extended tour of duty during which time he could be making up his mind and at the same time be gainfully employed.

The Selective Service Act during the recent war did bring to light the fact that a large part of those men examined were unfit for service and were rejected because of dental defects. This was not because they could not find anyone to treat them, but because they were unable financially or unwilling to undergo treatment. The fact that a large part of the public does not receive treatment is no reason for a National Dental Health Insurance law. There is no doubt that with such a law a large percentage of those people covered by the law would request and undergo necessary treatment. As long as we live in a republic and not in a socialistic state, dentists should have the right of free enterprise and not have to compete with the state for practice. Each person living in this republic should have the right to determine whether he will spend his money for dental care or whether he will spend it some other way.

The indigent should be assisted so that dental care is made available to him. This should be taken care of on the state and local level. Any move to handle this on a federal level is a move toward state medicine and a socialistic state.

There is a greater appreciation of that service for which we provide and pay ourselves. When the general public is educated to appreciate dentistry as a health service, and when each person develops pride in his appearance, there will be no problem of dental care for the people.

It is not the problem or duty of the government and organized dentistry to provide free or prepaid dental care, but it is the duty of these two groups to educate the people to appreciate our health service.

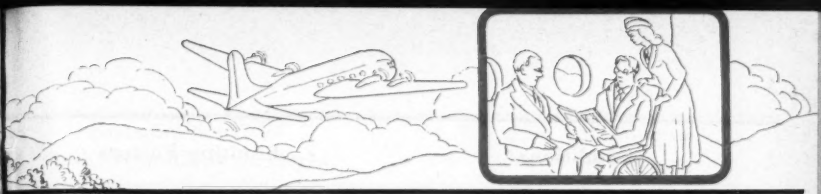
The problem that is facing us now is not a new one. This condition has always been with us and we are not going to have any radical change. With a prepaid government program we would not have enough dentists to give everyone treatment, but, with an educational program, as the demand for dental service increases the number of dentists will increase in proportion.

Maryville, Tennessee

Medical Contraindications To Air Travel* Conclusion

Conditions	Limiting Factors
Mental and Nervous Conditions (*Continued*)	
Poliomyelitis	*Not less than one month after onset (must be noninfectious). Unable to walk to lavatory. Respiratory involvement during illness*
Other palsies	*Lack of control of bowel and bladder. Unable to walk to lavatory*
Pregnancy	*Must not be beyond eighth month of pregnancy. Evidence or history of repeated or threatened abortion, eclampsia, or travel sickness*
Respiratory Diseases	
Asthma	*Severe attacks. Cardiac or renal basis*
Emphysema and bronchitic conditions	*Dyspnea. Cardiac lesion. Offensive sputum*
Fibrosis of lungs	*Extensive*
Lobectomy and pneumonectomy	*Must be more than three months since operation. Breathlessness on moderate exertion*
Pleurisy	
1. Dry	*Pain and extent of lesion. Fever*

*Excerpt from the *British Medical Journal*, April 9, 1949.



Essential Facilities And Precautions in Flight	Whether Advisable to Travel by Air
Attendant, if patient is not freely mobile. Oxygen must be available	*Acceptable*
Attendant, if patient is not freely mobile. Oxygen must be available	*Decide each case on its merits*
Insure that retention belt is around pelvis, not abdomen, at take-off and landing. Sit in backward-facing seat, if available. Oxygen must be available. Hyoscine to prevent airsickness	*If medical certificate is satisfactory and weather conditions are favorable for smooth flight at altitudes under 9,000 ft. Oxygen available. Pressurized aircraft advisable*
Maximum altitude 5,000 ft. Oxygen must be available. Move about as little as possible	*Consider each case on its merits*
Maximum altitude 5,000 ft. Oxygen must be available. Move about as little as possible	*Normally reject. Consider each case on it merits*
Maximum altitude 5,000 ft. Oxygen must be available. Move about as little as possible	*Normally reject. If essential, travel in aircraft pressurized at 5,000 ft.*
Maximum altitude 5,000 ft. Oxygen must be available. Move about as little as possible	*Normally reject. If essential, travel in aircraft pressurized at 5,000 ft.*
Maximum altitude 5,000 ft. Oxygen must be available. Move about as little as possible	*Normally reject. If essential, travel in aircraft pressurized at 5,000 ft.*

(*Continued on pages* 1510-11)

Conditions	Limiting Factors
Respiratory Diseases (continued)	
2. Wet	*If one side of chest is more than half filled. (Tap if necessary)*
Pneumonia	*Must be more than a month since recovery*
Pneumothorax (artificial)	*Refill must have been done more than seven days before flight. Degree of displacement. If mediastinum is fixed, lung must be not less than three-quarters expanded. Bilateral involvement*
Pneumoperitoneum	*Refills must not be more than 2,000 ml. at each site, and must have been done more than seven days before flight*
Tuberculosis	
1. Active	*Danger of hemoptysis and spread of infection*
2. Healed	*As proved by:* (1) *Recent examination of sputum showing no evidence of tubercle bacilli.* (2) *Roentgenogram of lungs.* (3) *Clinical condition*
Tumors	*Depends on site and presence of metastases and nature of complications*

Essential Facilities And Precautions in Flight	Whether Advisable to Travel by Air
Maximum altitude 5,000 *ft. Oxygen must be available. Move about as little as possible. Physician or nurse in attendance*	*Normally reject. If essential, travel in aircraft pressurized at* 5,000 *ft.*
Maximum altitude 5,000 *ft. Oxygen must be available. Move about as little as possible*	*Normally reject. If essential, travel in aircraft pressurized at* 5,000 *ft.*
Maximum altitude 5,000 *ft. Oxygen must be available. Move about as little as possible*	*Normally reject. If essential, travel below* 5,000 *ft.*
Maximum altitude 5,000 *ft. Oxygen must be available. Move about as little as possible*	*Normally reject. If essential, travel below* 5,000 *ft.*
Maximum altitude 5,000 *ft. Oxygen must be available. Move about as little as possible*	*Reject unless sputum is free from tubercle bacilli, or any cavity is controlled by collapse therapy*
Maximum altitude 8,500 *ft. Oxygen must be available*	*Acceptable if flight below* 8,500 *ft. can be guaranteed*
As required by symptoms	*Depends on case*

Cary Middlecoff doffs his white sun visor and bows to the gallery a few minutes after winning the Reading Open Golf Tournament.—Reading, Pennsylvania, Times Photograph.

He Fills Cavities with an Iron*

BY HENRY F. UNGER

TEMPORARILY, Doctor Cary Middlecoff has put aside his dental instruments. But don't let that fool you—he's still filling cavities. This time they are those green-grass-surrounded cavities found on every golf course. In fact, the Memphis, Tennessee, dentist has developed such a skill in depositing the little white pills into the course cups that even the top professionals in his ranks have not as yet caught up with him.

Cary Middlecoff, the dentist who in 1947 got in a corner with himself, and thought, "If, in a year, I'm not convinced that I can become another Ben Hogan or Byron Nelson, I'll give up tournament play. After all, I can always make a living as a dentist," has perhaps battled and played his way to the top of the golfing heap faster than any other player known.

The likeable dentist warded off the veteran Sammy Snead's onrush by knitting together a final score of 286 to win the National Open Golf Championship, in its forty-ninth run, at the Medinah Country Club in Chicago. It was a climax so far in the career of the husky

*This interview was written especially for ORAL HYGIENE.

A Tennessee dentist, Doctor Cary Middlecoff, is this country's No. 1 golfer.

dentist—a golf pro who refused to despair.

To Cary Middlecoff, the 28-year-old wonder of the golf links, his National Open Championship was a realization of childhood dreams. He dates his introduction to golf from the day that his family moved from Little Halls, Tennessee, to Memphis. Cary, the future dentist-golfing champion, was only 6 years old then. A dentist-father, with a passion for golf, was all Cary needed. He never missed an after-school session of golf.

When Cary was only 9, he entered his first tournament, a junior high school affair, and reached the finals. At 14, he ran off with the tournament, leaving a tremendous gap between himself and the nearest competitor. There were other interests, but golf occupied the top rung among them. About it, Cary was serious.

Next stop for the amazing golf champion was the Christian Brothers College. He pushed on to the University of Tennessee College of Dentistry in Memphis. A good dentist, Cary could not, however, evade the urgings of the golf course.

Even at 16 and in high school, Cary wrestled with two inner opponents—the urge to be a dentist or a champion golfer. Then one day he made his decision — he would follow his father's profession and

Winning score 266 that brought $2,600 prize in the Reading Open is pointed out by Middlecoff, while Sammy Snead points to his record.—Reading Eagle Photograph.

Middlecoff autographs a ball for the admiring 8-year-old son of Buck White, his playing partner; as the Memphis dentist's wife, Edith, smiles happily.—Reading Eagle Photograph.

become a competent dentist.

But "Pop" Middlecoff, already well established in the dental field, was not sure about son Cary's decision. He saw the look in Cary's eye whenever the boy approached a golf course and when he fondled a new golf club.

"Pop" advised the only wise course. "Drop into the office frequently, Cary, and help out in the laboratory. See if you like the profession before making your decision."

Cary liked dentistry. At the University of Mississippi he prepared for his dental education and then entered the University of Tennesse in 1940. War came but Cary land ed his degree as an Army enlist on inactive service and went on r gular duty as a dental officer 1943.

While treating the teeth of tho sands of GI's, Cary acquired a fir grip on dentistry. But the lure tournament golf play was st there. He fought it day and nig and then returned to his fathe office where he proved an able a sistant; particularly with child p ients.

But Edith Buck now began confuse Cary's heart. Soon he s

tled that by marrying her. Prior to marriage he had turned down the invitation to join the famed 1947 U. S. Walker Cup team. He was storing away his dental equipment and heading for gold in the many green-carpeted golf courses throughout the Nation.

Together, Doctor Cary and Edith hit the tournament trail. They had hashed and rehashed the fifty-week-a-year grinding schedule of the tournament player. Neither minded the grind, the hotel living, the pressure of tournament play.

King of the golfers, Doctor Middlecoff does not profess to superstition—even though he gave some evidence of it in his National Open play. His erratic 75 in the opening round had virtually eliminated the hopeful from the championship circle when the dentist came up with an idea. He hand-painted his putter after the poor first day and then proceeded to click for two standout rounds and his fifth 1949 victory. His swing throughout the tournament was also a re-do of his old style, made under professional supervision halfway through his winter tour.

J. C. Fondren, a Memphis professional, had tutored Middlecoff, making him into one of the Nation's top amateurs before he turned pro. He told about the make-over of his pupil's swing. "Cary was bringing the club head up too fast. We worked on it this past winter. I made him move his club back past his knee before he broke his wrists to move the club head up. That corrected it and he's been playing fine golf since."

Doctor Middlecoff's two top rounds in the National Open were credited to his work with the putter. Disappointed by his opening 75, the dentist retouched his self-constructed club with his wife's black nail polish and the stick came through to win the championship.

Doctor Middlecoff puts it this way: "When you're putting badly, anything you can do helps sometimes. I just think I can line them up better with the black surface against the white ball."

One tap on the green carpet of the Reading Country Club made the difference of victory over defeat for the dentist in the $15,000 Reading Open Golf tournament. Topnotcher Sammy Snead missed in an attempt for a birdie on the eighteenth, while dentist Cary finished like a true champion.

A slight hook had curved Doctor Middlecoff's drive about a foot off the fairway. A perfect approach evaded the trap and landed the ball just six feet from the pin. A quick line-up of the putt and the National Open champion deposited the ball in the cup for a score of 266. With the 12-under par victory came a purse of $2,600 for the winner. The dentist's golf earnings rose to $13,749.[1]

Winning the National Open title, which, according to experts, could gross Doctor Middlecoff $100,000

[1]After the George S. May "World Championship" Tournament at Chicago in August, Cary Middlecoff's winnings for the year reached $24,604.

before the year runs out, is not upsetting the dentist. Refreshingly frank, the Tennessean admits to being in no hurry to cash in on his title. "I know that most of the fellows who win the Open figure they have to get their money out of it fast, and the faster the better before your name cools off," the champion remarked. But pausing in reflection, he continued, "I'm not passing up any money, but I'm planning to take it a little easier, keep my game in tune, and go on winning tournaments. That makes the title worth more to me over a longer period, maybe for a full year."

"Pop" Middlecoff admires his son's level-headed outlook. He remembers those days when young Cary was making his decision. The winter circuit of 1947, which placed the dentist in the third highest bracket of money-makers in the golf field with a collection of nearly $7000 despite a slow start, convinced the young practitioner that he would allow dentistry to rest awhile. His first five tournaments had netted him only $300, and then he began his drive which carried him to the top of golfdom.

After his play in the Masters and a checkup with his bankbook, Doctor Middlecoff concluded that he was in his chosen field. He would never, however, give up dentistry. He went home for a complete rest and decided that he would give the game one more year and see what would happen.

Personable Doctor Middlecoff remembers the turning point in his golf career. He had been landing fourth and fifth places in the tournaments, and then suddenly he and Jim Ferrier were in Miami on a four-ball tourney. Doctor Middlecoff was carrying the tag, "brightest prospect in the business." But this was not putting money in his pocket. The dentist was also a realist. With Ferrier, he helped to beat Bobby Locke and Lloyd Mangrum.

What happened on the Medinah Country Club course in Chicago proved to Doctor Middlecoff that he had taken the best course. His swing was flawless. His handling of irons was expert. So said Walter Hagen and Bobby Jones. His bankbook was swelling. He was the most sought-after golfer on the horizon—a National Open Champion who can really fill those golf-course cavities.

4930 *South Dakota Ave., N.E.*
Washington 17, *D. C.*

THE COVER

OUR COVER this month features a scene from St. Louis where the Ninth Annual Mid-Continent Dental Congress will be held November 27-30 at the Hotel Jefferson.

Dentists in the NEWS

New York (New York) World Telegram: Ninety children in Brooklyn are learning to care for their teeth and are receiving early dental treatment because of the volunteer service of Doctor Rose Jewel Sachs, Brooklyn dentist. These are the children who spend their days at the Hebrew Day Nursery while their mothers work.

For eighteen years, Doctor Sachs has been devoting a half-day a week to the Nursery. Each Thursday afternoon a few of the children go down to the nursery dental office where they receive examinations and any treatment required. Each child sees Doctor Sachs at least three times a year.

"I get more enjoyment out of working with these children than I could find at a party," Doctor Sachs reports. She is a widow and carries on her private practice in her home where she plays her violin every morning until the first patient arrives. Music is one of her favorite recreations and she is a member of the Brooklyn Doctors Symphony Orchestra.

Minneapolis (Minnesota) Star: Two former Minnesota dentists have been named to positions in the Public Health Service in Washington, D. C. Doctor John W. Knutson, a graduate of the University of Minnesota and Johns Hopkins School of Hygiene, has been appointed Chief of the Division of Dental Public Health.

Doctor Bruce Forsyth, who was associated for a time with the Mayo Clinic, Rochester, has been appointed Associate Chief of the Bureau of Medical Services.

Joliet (Illinois) Herald-News: Chipping spalls from an obsidian nodule may seem like an odd pastime, but Doctor John H. Dyblie, Joliet dentist, has found it a unique and fascinating hobby for the last twenty-five years. He estimates that in that time he has chipped more than 1000 arrowheads. He has studied widely on the subject of Indian weapons and artifacts.

Doctor Dyblie became interested in the technique of chipping arrowheads after spending years looking for specimens in the territory around Joliet. On trips to the western part of the United States he found elaborate pieces of chipped flint, and decided to see how these were made by the Indians.

In different localities he collected all types of flint, chalcedony, and obsidian from which to chip the arrowheads. Then he assembled the proper tools for the chipping process. He acquired everything from stone hammers to bone and antlers, and found that deer and elk antlers provide the best implements. They have enough elasticity to prevent the shattering of the material being chipped. One blow with a metal tool shatters flint or obsidian completely.

Doctor Dyblie says that the art of chipping arrowheads depends on percussion and pressure. The percussion blow of the blunt elk club produces the spall of material from which the arrowhead is then flaked by the pressure method; using the pointed end of a deer tine. The blow on the arrowhead must

be struck from a definite angle with a follow-through or continuation of the pressure applied.

He considers the mastering of this technique as one of his most difficult undertakings. Hundreds of arrowheads were shattered in repeated attempts.

Providence (Rhode Island) Bulletin: Doctor William Black, a dentist of Coatbridge, Scotland, acknowledged that under the British National Health Service he had taken in £25,000 ($100,000) during the first eleven months of the Service. But he reports that when he finished paying taxes and expenses, he was in the red.

Before the Health Service went into effect, Doctor Black had two "helpers" and netted about $9,600 a year. When he built a surgery and engaged four the government scheme was established. additional "helpers" "We worked seven days a week, and late at night," he reports. "My receipts were tremendous—but so was the expenditure. After I had paid income tax I had no surplus to meet the costs of the surgery building."

Norristown (Pennsylvania) Times-Herald: Doctor A. L. Ventura, 737 Sandy Street, went to Italy and the Mediterranean area recently on a good-will mission sponsored by the Order of the Sons of Italy. He made the trip on the ship M. M. Italia in company with many officials and members of the organization. Doctor Ventura is a member of the national committee of the Order. After making brief stops in Lisbon, Portugal; Gibraltar, Spain; Palermo and Algiers, North Africa, the party arrived in Genoa for a tour of Italian cities.

Highpoint of the trip was the visit to the famed battlefield of Monte Cassino, half way between Rome and Naples. Here the officials participated in the laying of the cornerstone for a memorial orphanage dedicated to American servicemen who lost their lives in the battle of Cassino. When completed the institution will accommodate a thousand children.

Dubuque (Iowa) Telegraph-Herald: Doctor Rush Sugg, 73-year-old Sabula, Iowa, dentist, an amateur cook of many years standing, believes that good cooks are born. "They just don't cook accidentally," he reports.

This dentist's greatest culinary achievement is cake baking. While it is strictly a hobby with him, he has spent

many hours at it. One of his cakes was placed on exhibition by a large milling company. This cake displayed his specialty of painting a scene on the top of it. Doctor Sugg mixes food coloring with frosting and paints outdoor scenes on the top of divinity-colored cakes. The painting requires hours of painstaking work. "You can't erase or paint over a mistake on a cake painting," Doctor Sugg explained. "Once the colors are applied, they stay."

After eighteen years of endless mixing, testing, and tasting, Doctor Sugg perfected a sauce that to him is the *perfect* sauce. While eating in a train diner, he had tasted a sauce so delicate and delicious that he decided to spend some of his spare time trying to make a comparable one. Eighteen years later he succeeded.

Another hobby of this dentist is meteorology. He has a weather record compiled for the last twenty-eight years; accurately and in detail.

New York (New York) News: Author, dentist, ex-millionaire farmer, folklore

authority, and linguist—these are some of the accomplishments of Doctor Mauritz Jagendorf, 55. A native of Austria, he now practices dentistry at 150 East 39th Street, New York. His main interest, however, is writing and he has published 23 volumes; the majority of them on American folklore. He also has a plan to publish a volume on the legends of all the states of the Union. His book on the Middle Atlantic States was published in September and he is now preparing the one on the Great Lakes States.

A visit to his office shows his interest in art. The walls are covered with paintings, drawings, prints, crayons, sculptures, and other works of art that he has amassed during his travels about the country gathering folklore.

Doctor Jagendorf received his D.D.S. degree from Columbia University and he has studied at Yale and the Sorbonne. He speaks French, German, Spanish, and Italian as well as English. He has taught at the New York College of Dentistry and was on the staff of Bellevue and Vanderbilt Clinic.

Vancouver (British Columbia) Sun: Doctor J. W. N. Shepherd, Kelowna dentist, is a skilled cabinet maker and wood carver. He has spent his spare time as a craftsman for many years, and his home is furnished with beautiful samples of his craft. He has used a different design for the furniture of each room, but they blend so that one feels the harmony of the whole when going from room to room.

Doctor Shepherd builds a piece of furniture in such a way that it can be taken apart easily so that he can carve one piece of wood at a time. He has found that the best medium for his work is Douglas fir. An exquisite mantel carved in a variegated design sets off the fireplace in this dentist's living room. It took about one thousand hours to carve it, and though it has been in constant use for over thirty years, there is not a mark on the footrail. The wood is Douglas fir.

Doctor Shepherd has found health and happiness from his hobby, and believes that he has recaptured the joy of creation of the old world craftsmen.

Awards for items published in this month's DENTISTS IN THE NEWS were sent to:

Denys Baldock, 3671 Mountain Highway, Lynn Valley, B. C., Canada.
Mrs. J. B. Scanlan, 31 Gentian Avenue, Providence, Rhode Island.
Armand Fraser, 110 Illinois Street, Lemont, Illinois.
Mrs. Joseph Kustka, East Dubuque, Illinois.
Ursula Erickson, 8920 West 28th Street, Minneapolis 16, Minnesota.
Betty T. Owens, Port Indian, R.D.I., Norristown, Pennsylvania.
Milton D. Seife, D.D.S., 571 East 140th Street, Bronx 54, New York.

CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in Dentists in the News*, we will send promptly a crisp, new one-dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

The Nervous Child

BY A. A. MOSS, D.D.S.

THE FRIGHTENED child is a problem to the dentist. He causes anxiety, tension, and exasperation, which results in the dentist himself having a phobia toward such patients. And, yet, there is a way of handling the problem so as to make it possible for any dentist to render the necessary treatment with such ease and consistency that almost every case can become a success and a pleasure, and at no time a strain on the dentist's nerves. Furthermore, the average dentist, who has no special love or devotion for "nervous little brats," has in store for himself a pleasure and delight in treating these children that he, himself, never realized or imagined.

The technique is simple, rational, and requires no special training or study in psychology.However, it is not applicable when the patient is in pain and requires immediate treatment for relief of pain.

The frightened youngster approaches the dental appointment with intense fear and apprehension. In many cases he must be carried by force into the operating room from the reception room, and forcibly seated in the chair. He refuses to open his mouth, even just to have it looked into, because of his fears and suspicions of being hurt. His is a phobia which has deep roots in the subconscious and, like all phobias (adult phobias included), it is irrational and

This technique for treating the nervous child-patient may be helpful in your dental practice.

is not susceptible to logic or argument. He just will not listen.

Pain

In this state of mind, excavating a tooth is cruel, to say the least, and usually impossible. Touching the outer layer of enamel with an excavator would elicit howls because of excruciating pain. To the child in such a state it is real pain even though the dentist sees it as imaginary. With the highly keyed-up child who has a phobia toward the dentist and is in a suspicious state of anticipation of torture, merely touching a tooth or blowing air into the mouth with a chip blower will cause a violent reflex reaction and will have the same immediate effect as though it were a real excruciating stimulus. With a child in this state, it is impossible to excavate a tooth when some pain is necessary. To attempt this is cruel to the child and exasperating and nerve-wracking to the dentist, as every dentist knows.

What then is to be done? The child needs treatment and there you are, completely baffled and frustrated.

The answer is simply to undermine the fear and suspicion and build up confidence, where at present there is none. This, if it is done, makes that child as good as the average adult patient. When you have tried the technique suggested here you will be astonished to find that the same nervous child can take a moderate degree of pain in his stride. The phobia will have been permanently eliminated, and you and the child will have a normal relationship. The child will like you immeasurably and you, in turn, will get the pleasure and satisfaction of having performed a miracle in the eyes of the parents.

In your approach to the child, you should never do any more than the child will permit at any given time! You are never to use force in administering treatment. You build up confidence from zero at the first visit by slow, progressive steps at each succeeding visit. You must always be patient, kind, and understanding. You must never lie to the child about pain because one lie of this nature will almost always mean eventual failure. Frankness wherever possible is necessary.

Parent Cooperation

The parents of such a child usually are nervous or neurotic themselves and need special handling. During the first appointment you must explain the entire technique to the parent while the child is out of hearing range. You must assure the parent of results and get full cooperation and confidence in advance. You must caution the parent never to discuss the dental problem or behavior inside or outside the office. The

parent must hide her own anxiety from the child and must not encourage, scold, threaten, or bribe the child. Her task is simply to bring the child in for his appointment. She may be in the operating room during treatment, but must never interfere with the dentist either in speech, gesture, or manner. She must become a completely neutralized factor. The dentist should not proceed without this understanding from the parent.

The reason for this is that in every child there are *unconscious* antagonistic factors in the parent-child relationship and, according to most child psychologists, this is one of the chief reasons for disciplinary problems of the so-called spoiled or unmanageable child. The child's defiance is an *unconscious* revenge routine directed at the parents. Therefore, the elimination of this factor in relation to dental treatments is a necessary concomitant.

The number of visits and the amount and type of treatment undertaken varies with the degree of the previously existing phobia and in every case the dentist should use good judgment in not attempting the impossible. He should be flexible and it is sometimes necessary to take "one step backward" in order to take "two steps forward."

In describing the technique, we shall take the extreme case of a child who refuses to leave the reception room and sit in the dental chair. He must be literally dragged.

First Visit

1. The child must be seated in the chair even if he must be placed there by force. It is best that this be done by the parent or assistant.

2. The dentist must look into his mouth and squirt water in his mouth even if it is done forcibly.

3. Dismiss the patient, telling him truthfully that that is all you expected to do that day and you are satisfied it was done. Apologize for the use of force; say nothing about next time.

4. Explain your technique to the parent (out of the patient's hearing).

5. Do not keep the child in the chair for more than five minutes. The less time the better.

Second Visit

1. The child must again be seated, but this time you must give him "chop suey." This is water from the water syringe; air from the air syringe; spray bottle (plain water is better than mouthwash); more water; more air.

2. With a pledget of cotton on a pliers, rub plain water on any tooth.

3. Dismiss the child.

4. This visit should take not more than five minutes.

5. Compliment the patient for his cooperation.

Third Visit

1. Repeat the procedure of the second visit.

2. Introduce the drill and ac-

quaint the patient with its mechanics by holding it first between your fingers, then between his; let him hear it near his ear on a piece of wood or metal; and finally barely touch the surface of an anterior tooth. Give him more "chop suey" and repeat the drill again lightly on a tooth. This must be done even if force is necessary. Do not attempt any excavation; do not hurt the child.

3. Examine the child's mouth at this time.

4. Place a cotton roll under his tongue.

5. Rub dilute alcohol on any carious tooth.

6. Compliment the patient and parent as well.

7. Spend no more than ten minutes on the patient during this visit.

Fourth Visit

1. Proceed gently with the drill as in the previous sitting, but do not attempt thorough excavation. Use discretion. Explain to the child that it may hurt slightly but that he will be able to stand it. Try not to hurt him. Repeat this several times.

2. Place a cotton roll under the child's tongue.

3. Cover any cavity with a temporary restoration.

4. Dismiss the patient and apologize for hurting him. Compliment him for his bravery.

5. This visit should not take more than ten minutes.

Fifth Visit

1. Proceed to restore one tooth. Do not attempt thorough excavation, since this may have to be redone when all other treatment is completed. Use a wet mix of amalgam as this will be easier to remove. Try not to hurt the patient although at this time he could tolerate a slight degree of pain.

2. This visit should not take more than ten minutes.

Sixth Visit

Proceed as with a normal patient. Throughout the entire procedure, the dentist must be kind but firm. He must accomplish as a minimum what has been outlined previously. He must never scold the child. He must be flexible and use good judgment. Sometimes it will be possible to cut down the procedure to four or even three visits. Other patients may require six or seven visits. The total time consumed for the first five visits will be about thirty minutes, but usually this can be made up by restoring two or more teeth once you get started.

Five appointments should be made within a period of about two weeks. The entire procedure should be explained to the parent at the first visit. and a fee should be made to include this additional service.

20 *Morristown Road*
Bernardsville, New Jersey

EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." *John Milton*

WE TALK TOO MUCH ABOUT THE WRONG THINGS

Some time when you have a few minutes of free time visit some dentist and listen to his chair-side conversation. Don't let him know that you are listening. That would make him self-conscious. Or better yet, for the sake of self-analysis, have a wire or tape recording made of your own banalities in the dental office.

In this day when we hear so much about communication methods and semantics it is time that we scrutinize our talk. We talk about the weather, family and personal affairs, sports and recreation. We spend little or no time explaining dental conditions and procedures to patients. No one enjoys a better opportunity for teaching than we do. People have selected us by their free choice. They have come to our offices to receive a specific service. They are sitting in our dental chair of their own volition and without distractions. This is an ideal situation and a perfect setting for education. How do we meet it? By talking about everything except dentistry.

It would be in poor taste to lecture the patient every moment that he is in the dental chair. There must be some of the light conversational diversion. The social graces demand that we inquire into the health of the patient and his family and that we make some unoriginal comment on meteorologic conditions. No one takes exception to these subjects. Often, however, we strike out into the arena of tabooed subjects: politics, religion, economic and social doctrines. If we have someone in the dental chair who holds to the same kind of beliefs and prejudices the two of us may make a fine team in agreement. We do not have the power of divination that tells us with unfailing accuracy everything that every

person believes. We may be fellow enthusiasts or the victims of similar prejudices on one or two subjects. There may be, however, dozens of other subjects about which we are in complete disagreement. People who express themselves violently on any subject are sure of offending a good share of the people who hear them.

The subject matter for conversation is important. In the dental office it should be concerned with dentistry. How many of us, with any kind of consistency, explain the sodium fluoride therapy, the promise held in the ammoniated dentifrices, the exact method of tooth-brushing and soft-tissue stimulation, the role of nutrition in dental disease, the danger potentials in dental infection, the place of dental care in the preservation and restoration of facial structures? These are some of the subjects that people are interested in while they are in the dental office. We are missing an opportunity if we do not satisfy their interest when we have the chance.

Although the subject matter is important, the manner of presentation is equally important. We should sound neither like haranguers nor salesmen. We are teachers with the correct setting for the instruction of each person at his level of comprehension. Unlike most teachers who must make a group appeal we have the opportunity to personalize our story to fit the interests and needs of one person. The manner of presentation should not be pontifical or weighted with technical words and jargon. Every dental subject may be expressed by a neat analogy within the framework of the patient's experience and understanding.

Whatever we do to make people feel that we are interested in their particular dental problem is a sure method of winning confidence and good will. During the present "economic transition" many dentists are going to find themselves looking for patients. Businessmen have found it necessary to do a more enterprising and vigorous job of selling. We will find it necessary to do a better job of patient education.

Edward J. Ryan

TECHNIQUE of the Month

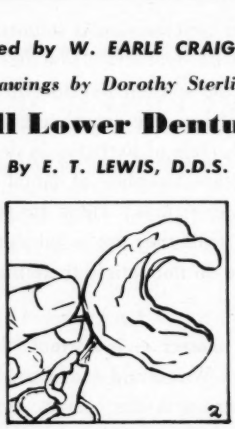
Conducted by W. EARLE CRAIG, D.D.S.

Drawings by Dorothy Sterling

The Lewis Full Lower Denture Technique

By E. T. LEWIS, D.D.S.

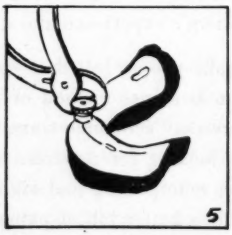
Apply vaseline to oversized tray. Use high-heat compound. With your thumb, make sure compound is not too soft. Take impression applying very little pressure.



Dry flame heat the compound. Temper and reinsert into mouth. Apply pressure; repeat until all movable tissue has been displaced.

Trim the impression, removing undercuts in the mylohyoid region. Locate external oblique ridge. Cut away excess compound beyond the ridge.

Cut excess compound beyond the flexion line on the labial and all compound that has been turned on the lingual. Separate compound from tray.



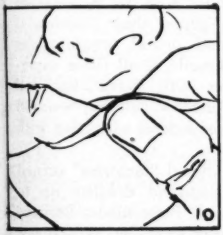
Compound impression must be supported by a tray. Lewis tray consists of two pieces of light metal held together by a setscrew. Adjust metal to the shape of the impression. Sear tray to compound and tighten the setscrew.

Place a Fournet angulator (right and left) over the crest of the ridge. Draw a white line to aid in establishing a general outline of the boundary. When trimming compound, follow this line as a guide only.

Apply a periphery indicator from heel to cuspid region (B.V. periphery indicator is preferred because it was developed for this technique and is more easily removed.)

Carefully insert tray in mouth. Hold tray with one hand. With the other hand, force the cheek inward, upward, and forward several times.

Carefully remove tray from mouth. Indicator will show area that is too long. Trim with knife or cratex rubber wheel on the lathe. Repeat until all impingement is relieved. Trim the other side.

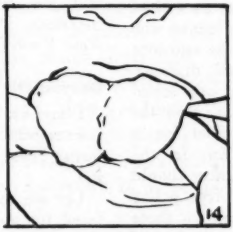


Apply indicator from cuspid to cuspid on labial. Insert in mouth. Holding impression in place, lift lip several times. Trim as above. Repeat until free.

Apply indicator on lingual from heel to heel. Carefully insert in the mouth. Have patient place two forefingers on tray and exercise tongue forward and backward for a minute. Trim and reinsert until relieved.

Drill several holes in the crest of the ridge.

Heat B.V. corrective to a batter mix. Paint entire surface of compound impression with the mix. Dip impression into water of 130° for ½ second. (Any wash of this type can be used satisfactorily.)



Insert in mouth. Hold in place with little pressure and have patient open mouth wide and protrude tongue. Chill impression.

Remove impression and examine thoroughly. Apply additional corrective if further correction is necessary. Test for stability and suction.

Dental Schools of the Past

Don't be so quick to criticize the dental education of thirty-five years ago.[1] It was not so bad. Our courses in anatomy, histology, pathology, materia medica, physiology, and other sciences were so thorough that, today, I am familiar with all these subjects and know what I am reading when I wish to read articles in medical magazines pertaining to these sciences.

There is another, a more important, point on which we disagree. It is true that we did not have beautiful buildings or campuses, but we were welcome to study dentistry; yes, as many as wished to apply, and it made no difference who we were so long as we had the entrance requirements, a high school diploma, and the necessary fees. No one asked you whether your father gave you the money or whether you worked for it yourself. *That* was education in the American way. And the country should be thankful today that that free policy existed then, because if it had not there would be less than half our number of practicing dentists in a country that needs more than twice the 78,000 dentists in the U.S. today. I fear to think of the day when federal funds will have to be depended upon to educate our future dentists. But we have our present system to blame for that—our universities with all the hindrances they put on the prospective student; that is, financial responsibility, quotas, limited classes.

There were 220 men and women in my graduating class. How many are there today? A class of fifty is a large class. Yet there are thousands of men and women who are clamoring to get into dental schools and willing to pay for their educations. There are many wealthy men who withhold endowment funds because of the present system of selection of students. If our universities and those who direct their policies, if the medical and dental organizations and the state boards, if all these supervisory agencies will wake up and broaden their narrow policies, we will have no threat of federal education with all its dangers.

Yes, the old dental "factories" turned out over six thousand dentists up to 1919 in New York State alone. Perhaps they made money at it, but is that not the good American way, and are we not good dentists, and have we not maintained the dental health of the Nation to date? There is much that can be said to help the situation, but those in power will do nothing about it.—ARCHIE SHAPERA, D.D.S., 464 *Lenox Avenue, New York* 30, *New York.*

Dermatitis

I have read several articles in the past few months pertaining to dentists suffering from different forms of dermatitis.

Let me tell of my experience. I suffered for about two years. First a dryness of the skin would appear on the tips of the first two fingers of my left hand. Then in a short time peeling would occur, and after that deep fissures which were extremely painful. I would have to keep lanolin on my fingers and

[1]Editorial: Change In Dental Building Fashions, ORAL HYGIENE **39**:894 (June) 1949.

also wear rubber finger tips for a couple of months before the skin would heal. Then in a short time the lesions would start all over again. I went to several specialists, but found no relief.

One day about two years ago I had installed a *soft water system*, and also bought a jar of Kinsted, a cleansing skin emollient. I have washed my hands with nothing else since, and I have been free from all signs of the dermatitis. I have not even had chapped hands. I am still using the same drugs and materials that I used in the past.

This may help some of you who have been so afflicted.—EDWIN J. STOWELL, D.D.S., 56 *Union Street, Hamburg, New York.*

LET'S BE FAIR*

THE PURPOSE of this article is to plead for fair dealing for as fine a company of devoted men as exists in America—the medical men.

No two groups of men know each other better than do physicians and ministers. We constantly refer needy people to the physician. We see medical men in action daily and we cooperate as ministers with them. Furthermore, we can look back across our lives and see again how greatly we are indebted to physicians and surgeons and dentists. What a debt I owe to a frontier physician for all he was and did for my mother!

Who can begin to thank them? We parsons can, and we can begin right now and call a halt to this attack on the medical men of America by the friends of so-called government medicine. The purpose of this article is not to discuss government medicine, for this is not the place for such a discussion. The purpose of this article, we repeat, is to ask for fair dealing for physicians. Owing to the fact that the vast majority of physicians sincerely believe that government medicine would be a backward step, they are accused of being selfish and more concerned with their own welfare than with the needs of sick men and women, but the truth is that under government medicine the income of the average physician would be increased greatly and his hours shortened.

These men ought not to have to defend themselves nor their profession. They are not many in numbers; they are just as fallible as parsons. They are greatly overworked; they are amateurs at publicity, for which we shall thank God. Are they to be left then to the mercy of men who will do anything to put their schemes across? Is there no one who will speak up for them?

Let us, as ministers, go and have a visit with one or two of them. Then let us, in our own way, call for fair dealing in this whole matter. Let government medicine be considered on its own merits, but let the abuse of sincere, devoted physicians stop.

*After the Reverend H. R. Anderson, Pastor of Fourth Presbyterian Church, Chicago.

ASK
Oral Hygiene

Please communicate directly with the department Editors, V. Clyde Smedley, D.D.S., and George R. Warner, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply.

Mercury Poisoning

Q.—I wish to ask you if there is such a thing as mercurial poisoning resulting from mixing amalgam in the hand. If there is, I shall appreciate it if you will inform me about the effects and symptoms. I have been having a stomach disorder, and eighteen months ago roentgenographic examination showed nothing. I was instructed by a physician to take hydrochloric acid and now another physician says I do not need it.

I have heard of mine inspectors using gloves. I have always mixed amalgam in my hand.—L. C. P., Wyoming.

A.—Yes, mulling amalgam in the hand can result in local mercury poisoning. I have seen one case in which the hand is so seriously affected that the final outcome is questionable.

Whether mulling amalgam in the hand will result in general systemic poisoning, I cannot say.

We all mull our amalgam in rubber dams. This not only protects the hands but protects the amalgam from picking up cuticle and sweat. —George R. Warner.

Loss of Incisor

Q.—I have a patient, a little girl 8 years of age, with a history of trauma. The left lower incisor was broken about a year ago. She came to my office a few days ago with an acute inflammation of three or four days duration. I lanced and obtained relief. From the enclosed roentgenograms, both the centrals appear to be involved, do they not? I used ice to try to determine the state of vitality of the right central, but I was unsure of the reliability of the child's answers.—V. A. F., Nebraska.

A.—In the case of the loss of a single mandibular incisor in a child there is no need to worry. The space will fill in so nicely that the loss is not noticeable and the occlusion is not seriously damaged. But if two incisors are involved it is a different matter and I would advise root treatment and filling. One cannot say if the right central incisor is involved in your case without a vitality test. The appearance of the bone is not a sure and safe determining factor.—George R. Warner.

Periodontoclasia

Q.—I have a patient who has a severe case of periodontoclasia which necessitates the removal of several teeth. I believe this condition is the result of a Vincent's infection. Another dentist states that Vincent's infection is not the cause of periodontoclasia.

Your opinion regarding the relationship or absence of relationship of these two conditions will be greatly appreciated.—E. H. W., Connecticut.

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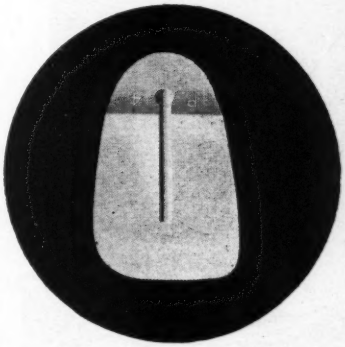

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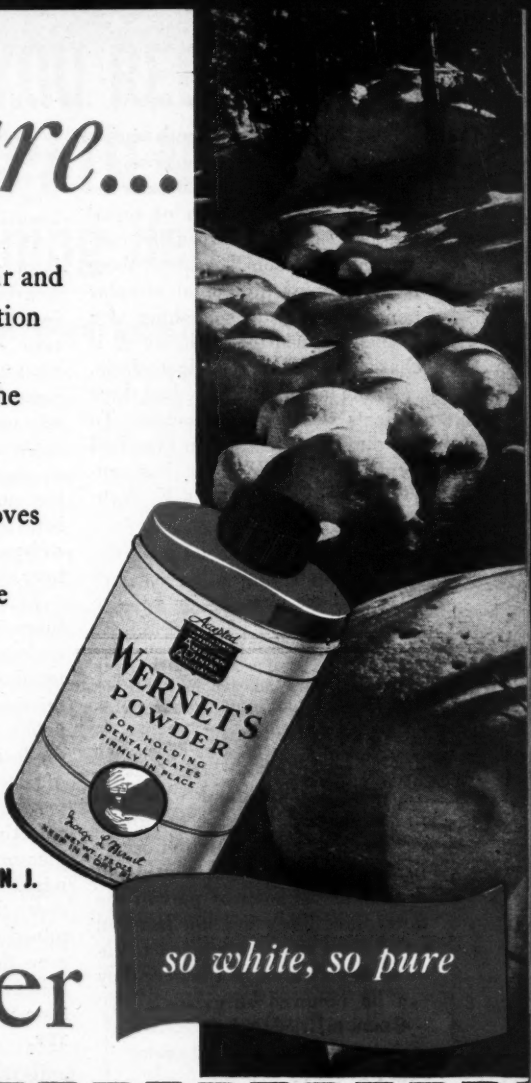

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A.—An acute Vincent's infection of the mouth, if not promptly and effectively treated, usually results in the destruction of septal gingival tissues, and, usually, concurrently or soon thereafter, there is atrophy of the septal alveolar bone. This creates something of a pocket between the teeth, which is characteristic of periodontoclasia.

In the last week I have had three patients with periodontoclasia. To the question, "Have you ever had trench mouth?", each has answered, "Yes."—GEORGE R. WARNER.

Pigmentation

Q.—Will you please inform me as to the cause, prevention, and cure of dark spots on the gingivae?

I have had two patients lately, both women 28 years old, and both anemic, with this condition. One has three children; the other four.

I shall appreciate any information you may give me.—R. C. M., Texas.

A.—If I understand what you mean by "dark spots on the gingivae," they are pigmentation occurring in the mouths of brunettes and usually in the anterior part of the lower jaw. They are not harmful and I have never attempted to remove them, although I believe they can be removed surgically.
—GEORGE R. WARNER.

Sense of Taste

Q.—I have a friend who lost all his teeth and has dentures. He can chew anything he wants, but says now he cannot taste anything. Everything tastes the same except strong sweets and acids. I have watched him eat and he does not seem to enjoy anything. Did you ever hear of such a case? If so, what is wrong? I did not do the service, but I am interested in the case.—R. H. P., Louisiana.

A.—Over the years there have been recurring cases of people wearing full upper dentures feeling that they lost the sense of taste. On the other hand countless thousands have worn and still wear full upper dentures without any perceptible loss of taste or the enjoyment of their food. Inasmuch as most of the taste buds are on the surface of the tongue, it is a little difficult to understand why or how a denture can interfere with taste.

In the days of vulcanite dentures it was thought that as the nonconducting qualities of the material interfered with the transmission of heat and cold to the palate the denture wearer mistook the loss of these sensations for loss of taste. The substitution of a metal base for the vulcanite denture sometimes gave the patient more pleasure at the table. This change might help your patient. If, however, the patient makes a determined effort to enjoy his food, even though wearing a denture, I believe he will find his sense of taste returning.—GEORGE R. WARNER.

Loose Dentures

Q.—I have a patient who had her teeth extracted six months ago and for whom I have constructed two upper dentures. After the patient wears a denture for about two weeks, it becomes extremely loose.

WHAT DO YOU RECOMMEND TO PATIENTS for cleaning dentures?

"Hygiene," said a great Frenchman 200 years ago, "is rather a virtue than a science."

Today we can challenge this statement. Always a virtue, hygiene has long since become a science, too –a vastly ramified science which includes among its many concerns the artificial denture and *the best way to keep it clean.* Dentists today have largely satisfied themselves about that "best way": independent surveys show that *more dentists recommend* POLIDENT *than any other denture cleansers.*

For its efficiency, POLIDENT relies entirely on denture-soaking and chemical action. When dentures are immersed in an aqueous solution of POLIDENT, no brushing or friction is required whatever. Yet POLIDENT not only surpasses soap and water and all other detergents, but (by releasing nascent oxygen) it helps remove stains as well. It is equally effective in hard and soft water.

POLIDENT is recommended by many dentists because it is the *safe way* to clean the denture. The soaking principle makes much handling unnecessary. Thus there is little likelihood of chipping an expensive denture by accidentally dropping it. Nor is there any danger from brushes and abrasive powders which so easily scratch highly polished surfaces and wear down delicately fitted ridges. Moreover, POLIDENT has been approved by leading manufacturers of acrylics as being completely safe for effectively cleaning acrylic resin restorations.

Does POLIDENT act swiftly? It does. A bath, a rinse, and in fifteen minutes the job is done. There's nothing offensive about its use either, since a POLIDENT bath dissolves odor along with mucin, discoloration, and food debris.

Indeed, POLIDENT is an integral part of modern *scientific* hygiene. It is one of many modern pharmaceutical products to prove the Frenchman wrong. But he—Rousseau—is entitled to his error. As a lover of democracy, he believed in giving every man in the world an equal chance. As a cleanser extraordinary, POLIDENT believes in giving every denture an equal chance, too.

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I have rebased the first one I made which fit securely and comfortably at first. Now it is as loose as the second one I constructed.

The patient has a slight torus palatinus, but I have compensated for this.

Please advise me as to what might be causing these dentures to loosen. E. A. H., Ohio.

A.—Overextension anywhere around the periphery may produce a muscle tension that will result in dentures loosening after a time. Loosening also may result from dentures riding too heavily on hard, bony surfaces such as tori or malar prominences on the maxilla. Of course, it could be caused by resorption, but we certainly do not expect resorptive processes to cause such a rapid change.—V. CLYDE SMEDLEY.

Granuloma

Q.—A year ago a patient, a man about fifty years of age, appeared with what seemed to be an ordinary parulis above the right central incisor. On closer inspection we found the nerves vital in the anterior teeth. The parulis would discharge a watery fluid for a few weeks and then would disappear for a month or two. There was no pain at any time and no throbbing.

The roentgenogram, as you will notice, shows a granuloma close to the apex of the right central incisor. The restoration in the lingual is zinc oxide. The cavity was drilled into the lingual to test the nerve, which shows every sign of vitality.

The patient does not remember receiving any injury to the tooth, although he has a rather bad bite. You will notice the incisal tips are worn.

What treatment do you suggest for this condition?—W. F. M., Wisconsin.

A.—We had a case similar to yours about three years ago. We opened through the labial aspect, curetted the granulomatous tissue out as thoroughly as possible, ligated the wound, and the result was satisfactory. The bone filled in and the tooth remained vital.—GEORGE R. WARNER.

Periodontosis

Q.—I have a patient, a man 38, who has had exceptionally fine teeth and who possibly has neglected them some because of that fact. There is no caries now, but there is a marked recession of gingivae throughout his mouth. There are three places in particular where pockets have formed in the proximal spaces, and it was because of this condition that he came to me.

A report from the clinical laboratory of medicine says there are a moderate number of fusiform bacilli and a few spirochetes.

Please advise me regarding the method of treatment for this condition.—H. E. W., Washington.

A.—Your patient probably is developing a case of periodontosis, which not infrequently happens in a mouth with an apparently fine set of teeth. Calcareous deposits may have crept deeply under the gingival margins with resulting gingivitis and alveolar atrophy. Occlusal stresses may have developed that have resulted in more alveolar atrophy.

For a satisfactory diagnosis one must first have a full set of periapical roentgenograms. Depending on the findings in interpreting these roentgenograms, the type of treatment will be suggested. Usually subgingival curettage, adjustment

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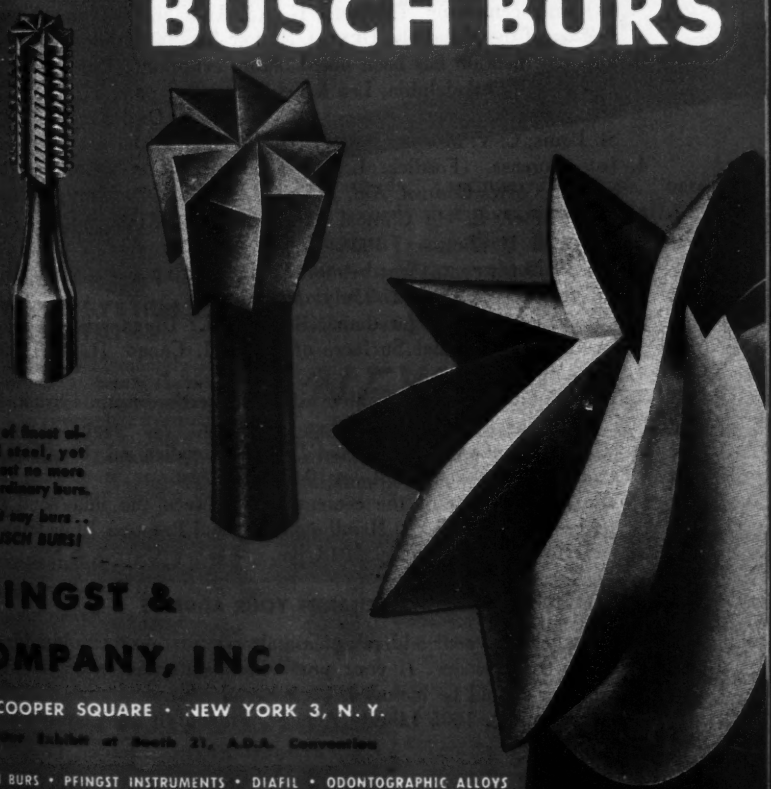

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of occlusion, and good home care will markedly improve the conditions which you describe.—GEORGE R. WARNER.

Missing Molar

Q.—What is the best way to supply a missing upper first molar? The patient has a strong bite. The second bicuspid and the second molar are in good condition with no restorations. The patient is 32 years old.—R. M. A., Iowa.

A.—To avoid cutting deeply into caries-free teeth for a fixed bridge, we prefer to supply a missing molar with a removable bridge. If such a bridge is well designed and constructed, it will give excellent service.—GEORGE R. WARNER.

SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ LXI (*See page* 1499 *for questions*)

1. (a) only cementum. (Morgan, G. A.: Anomalies of the Anterior Region of the Mandible, DENTAL DIGEST **54**:260 [June] 1948)
2. Yes, calcification has been noted before eruption. (Ehrich, W. E.: Pathology, Philadelphia, Lea & Febiger, 1941, page 378)
3. (b) pressure on nerve endings. (Mead, S. V.: Oral Surgery, ed. 3, St. Louis, C. V. Mosby Company, 1946, page 309)
4. (c) decrease. (Fosdick, L. S.: Theoretical Considerations Concerning Caries Control, Am. J. Pub Health **38**:979 [July] 1948)
5. No. (Miller, E. C.: Clinical Management of Amalgam, J. Tenn. D. A. **28**:11 [January] 1948)
6. (b) 60-70 per cent. (Wertheimer, Fred: Fluorine and Dental Caries, J. Mich. D. Soc. **30**:127 [July] 1948)
7. (b) 20 per cent longer than. (Barr, J. H.: Diagnosis of Carious Lesions on Proximal Surfaces of Teeth, J. Canad. D. A. **13**:585 [December] 1947)
8. The odontoblasts remain alive after the teeth erupt. (Ehrich, W. E.: Pathology, Philadelphia, Lea & Febiger, 1941, page 284)
9. (b) thirty minutes. (Accepted Dental Remedies, ed. 14, Chicago, American Dental Association, 1948, page 23)
10. The discoloration of the cement line between the inlay and the tooth. (Grossman, L. I.: Handbook of Dental Practice, Philadelphia, J. B. Lippincott Company, 1948, page 284)

WHEN YOU CHANGE YOUR ADDRESS

WHEN YOU change your address, please always furnish your old address as well as the new one. If your post office has zoned your city, the zone number should be included. Please send address change promptly to ORAL HYGIENE, 1005 Liberty Avenue, Pittsburgh 22, Pennsylvania.

Laffodontia

A hill woman came to a small mountain school to "pick up a little l'arnin'." Her desire was modest; she wanted only to learn to write her name. Having accomplished this feat in a single term, she thanked the teacher and took her departure.

But when school "took up" again in the fall, this woman was among the first arrivals. Once more she explained that she was interested only in learning to write her name.

"But you learned that last year," the teacher pointed out.

"Shore," agreed the pupil amiably, "but since then I done and got married."

★

"Well, young fellow," said the real estate dealer, "what can I do for you?"

"I'm getting married next month," replied the caller. "My bride and I want a house worth about $5,000. We're willing to pay $6,500 down and the rest in monthly payments."

★

As one little electron said to another when they met in a new element: "I don't know you from atom."

"What did the professor say this morning?"

"Nothing."

"Of course, but how did he express it this time?"

★

The girl cousin from the city was sent down to the brook for a pailful of water, but stood gazing at the flowing stream apparently lost in thought.

"What's she waiting for?" asked her hostess-aunt, who was watching.

"I dunno," wearily replied her husband, "Perhaps she hasn't seen a pailful she likes yet."

★

His campaign was a pleasant one,
And worthy, here, of note.
He only kissed the babies who
Were old enough to vote.

★

"I had an x-ray picture taken of their dog."

"Did the x-ray show anything?"

"I'll say it did. It showed me the seat of my pants."

★

"Will you have a peanut?"

"No, they're fattening."

"What makes you think peanuts are fattening?"

"Did you ever see an elephant?"

★

Irate father: "Why were you kissing my daughter in that dark corner last night?"

Dubious youth: "Now that I've seen her in daylight I sort of wonder myself."

★

"Have you forgotten that you owe me five dollars?"

"No, not yet. Give me time and I will."

★

She—Have you noticed Joan's new bathing suit?

He—No, I haven't. What does it look like?

She—In most places it's a lot like Joan.

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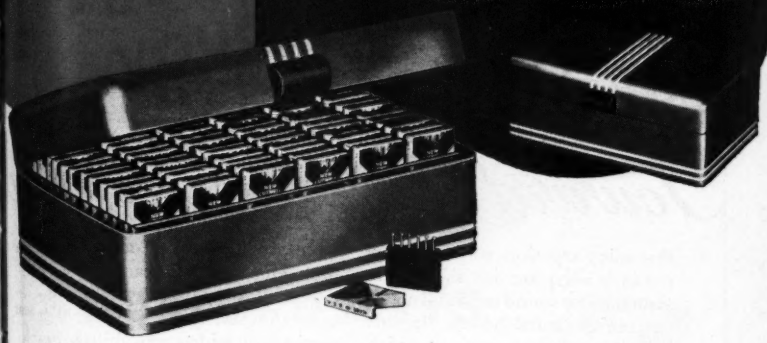

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FAT	32 Gm.	RIBOFLAVIN	2.0 mg.
CARBOHYDRATE	65 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12 mg.	COPPER	0.5 mg.

***Based on average reported values of milk.**

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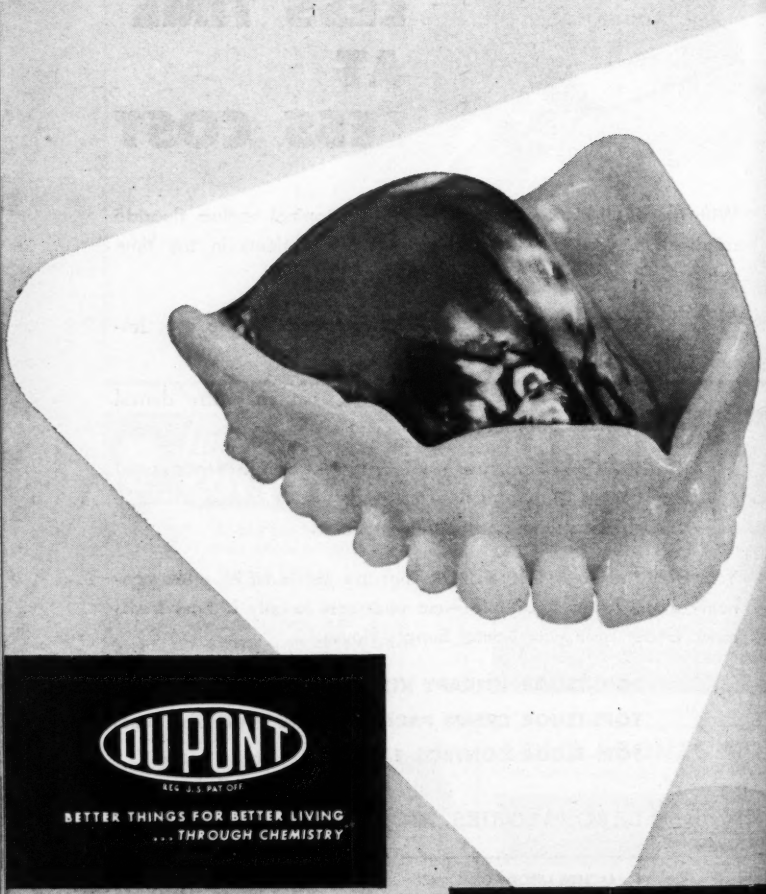

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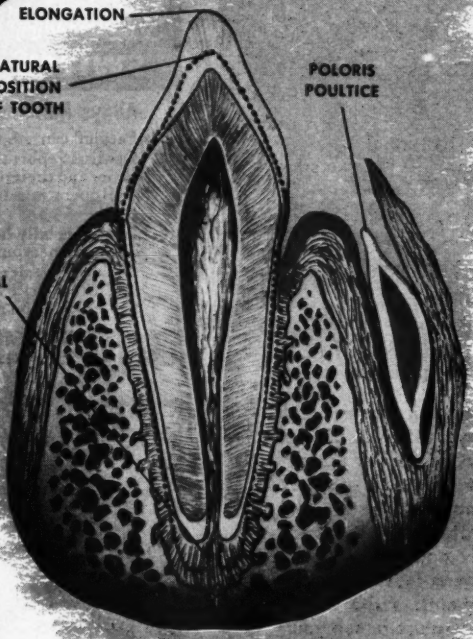

Poloris moistened in water and applied buccally or labially, usually relieves pain of pericementitis due to its prompt stimulation of local circulation. *Professional supply of samples* may be obtained by writing to Poloris Co., Inc., 12 High Street, Jersey City 6, N. J.

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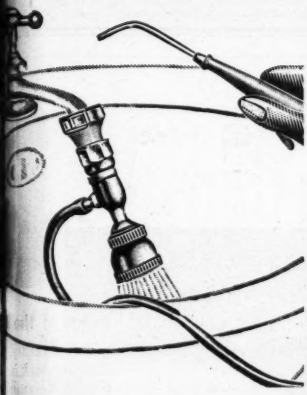

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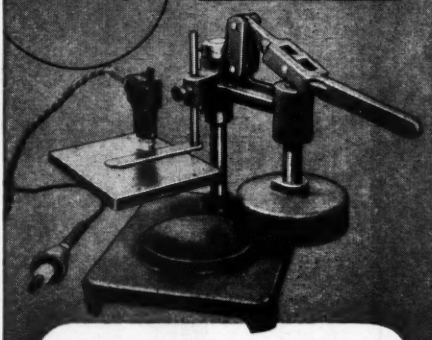

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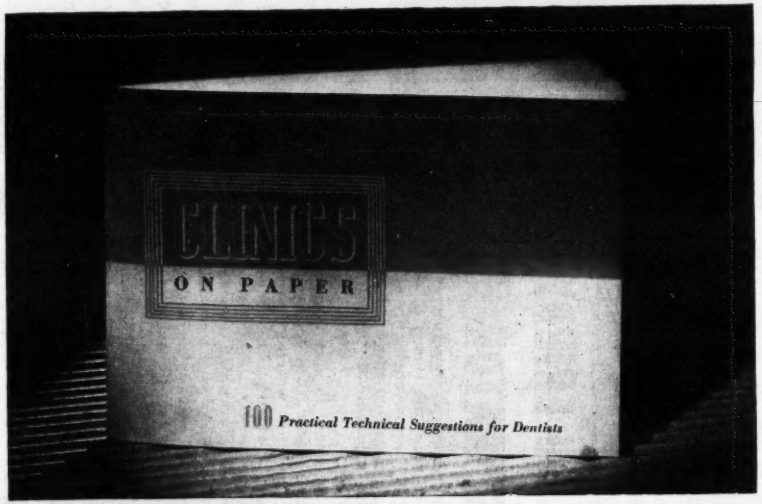

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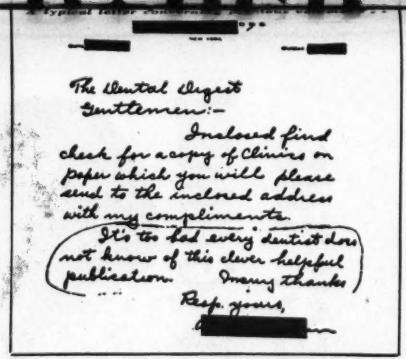
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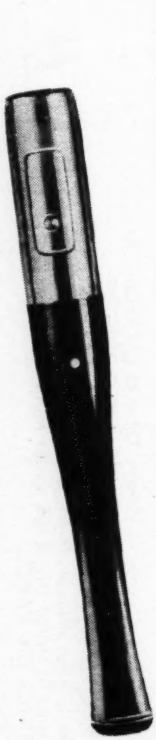

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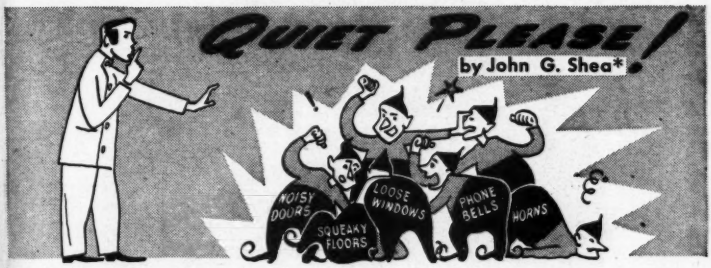

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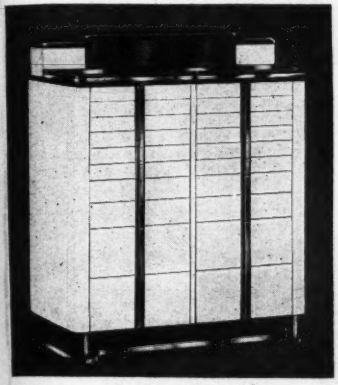

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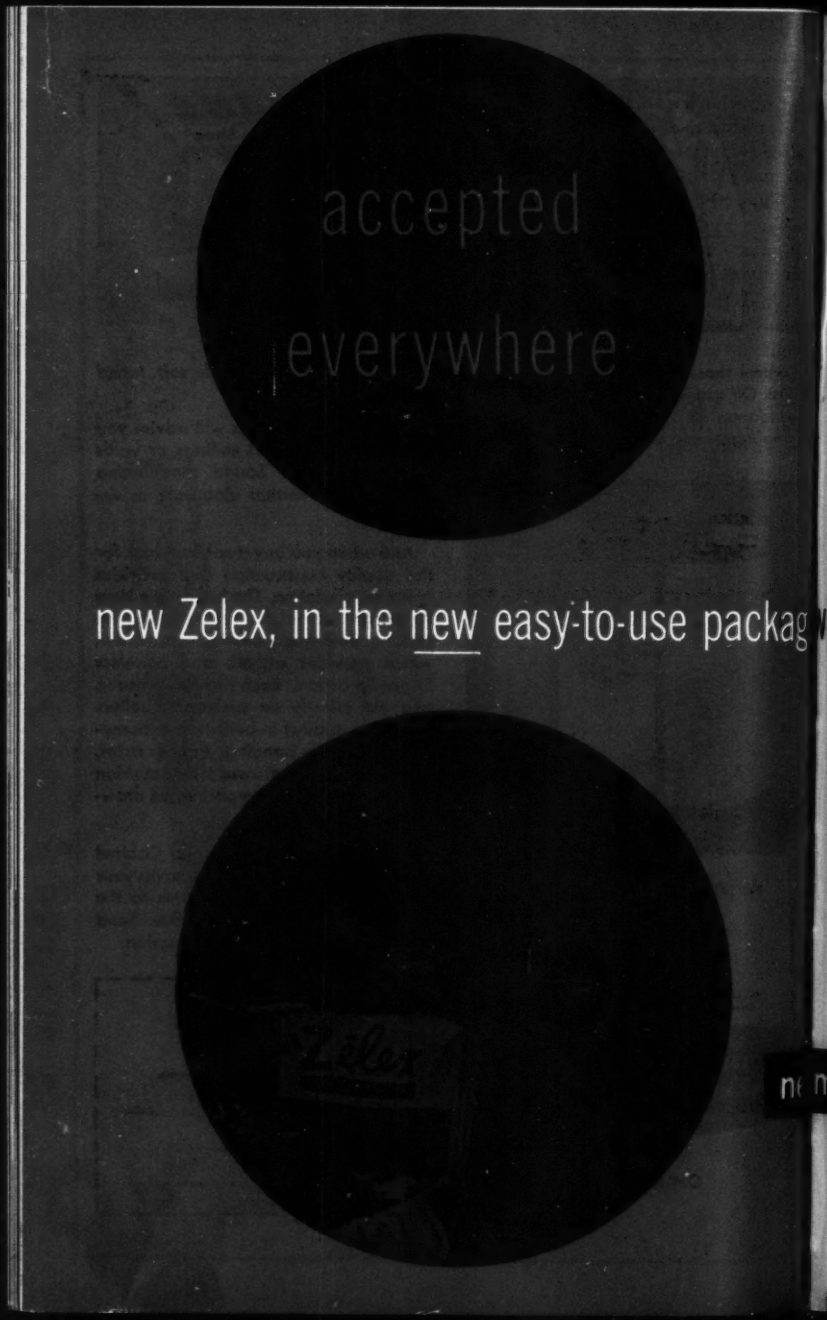
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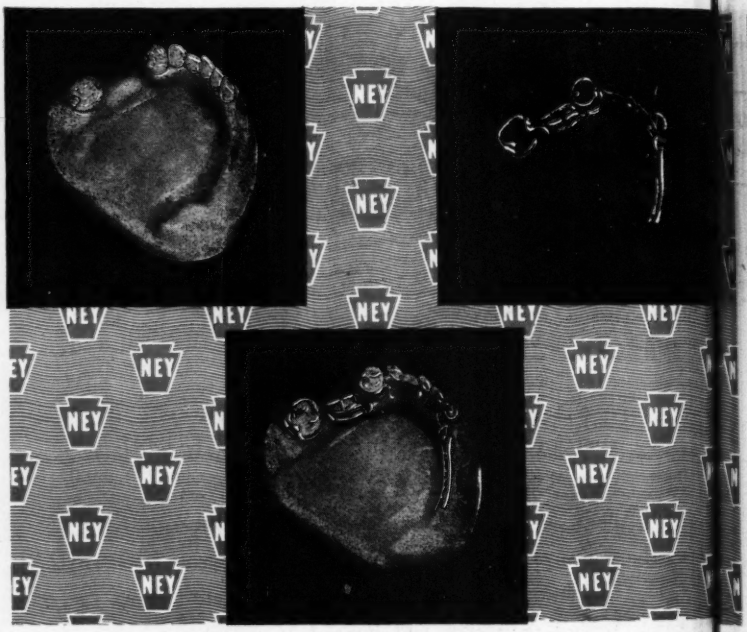
The principal thing to be learned from a study of this proble is an appreciation of the great importance of overall case design. At fir glance, the lower right lateral in this mouth would appear to be a total inadequate abutment for the long free-end saddle. Yet, by planning an designing the case so that its three clasps function together as a unit, a ve successful result was obtained.

By tilting the model it is possible to develop a usable distal undercut on th lateral in order to accommodate a back-action clasp which, with its dist labial grip, is the best choice for holding the free-end saddle securely again



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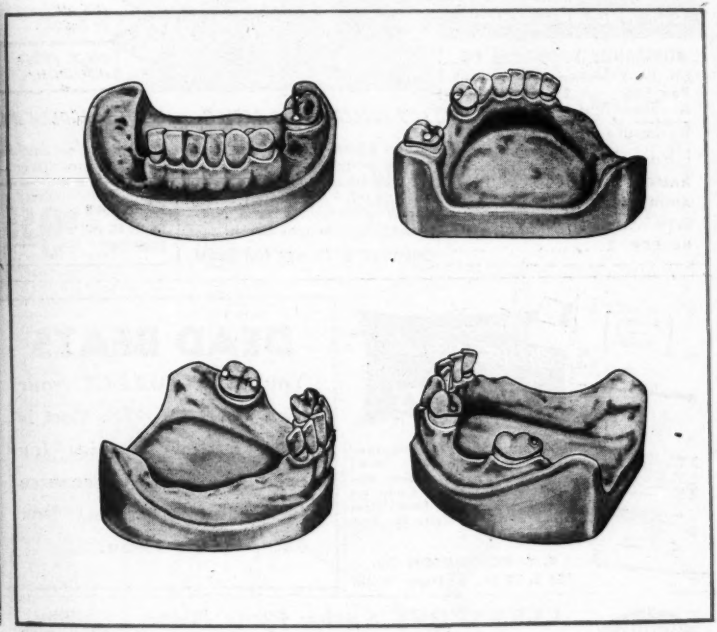
the ridge. Retention is augmented by the lingual arm of the molar ring clasp in its undercut and by the buccal portion of the bicuspid back-action clasp in *its* undercut. In other words, all of these clasps are working together to solve the problem of adequate retention. Similarly, each one provides its own proportion of the total bracing and support which the case also needs in order to be a functional success.

In making this partial denture it is a great advantage to use a gold with the flexible strength of NEY-ORO G-3. With retention at a premium and available only by designing the flexible portions of clasps so that they engage an undercut, it is imperative to have a material which is flexible enough to be carried just as far as may be necessary into the undercuts on these abutments.



The four drawings illustrate the undercuts finally selected after experimental tilting of the model to arrive at the most favorable clasping conditions for the overall case design.

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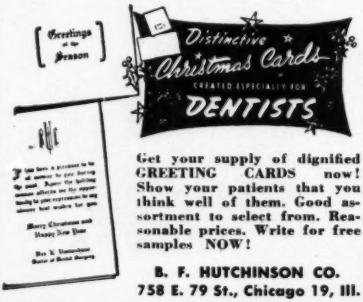

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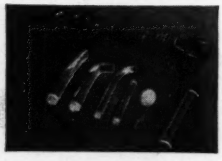

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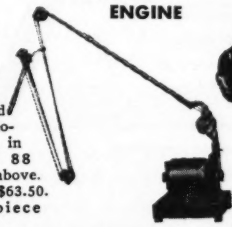

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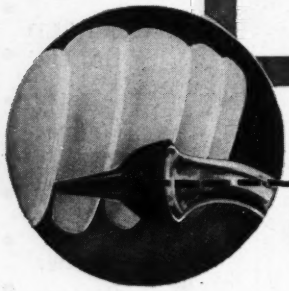

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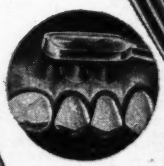

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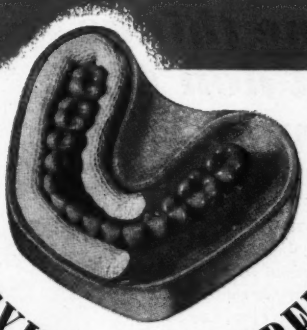

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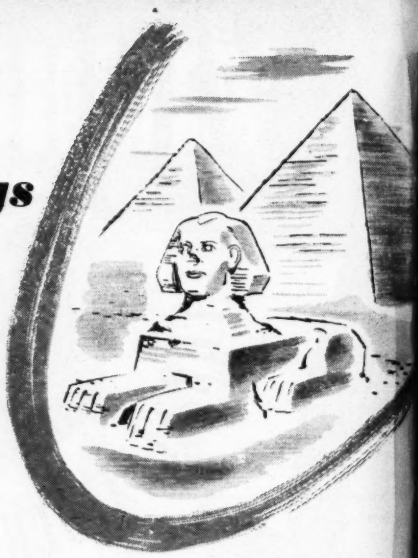

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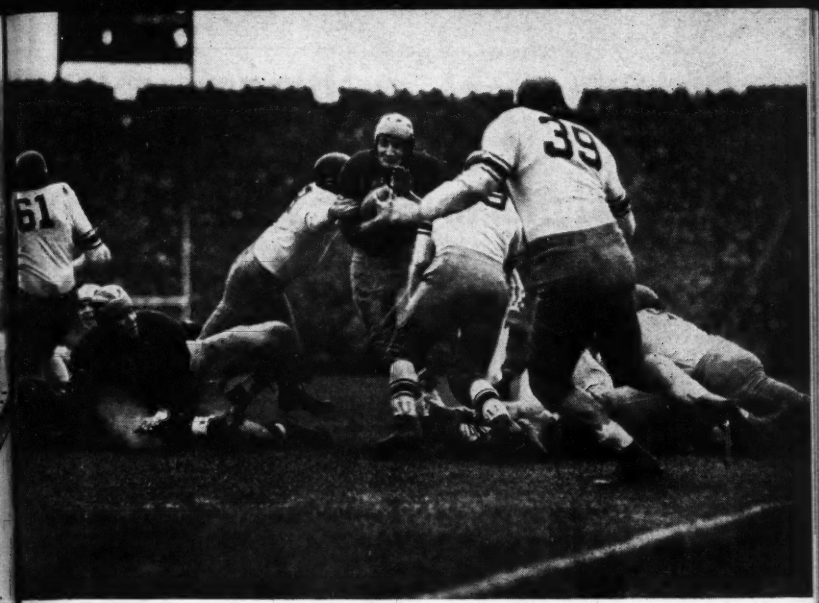

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This great sports photo shows what it takes to go places in big-time college football. See the expression on All-American Tom Harmon's face just before the full impact of tackle.

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REFERENCES: 1. Knighton, A. T.: J. A. D. A. 29: 2012, 1942. 2. Turesky, S. S. & Bibby, B. G.: J. Dent. Res. 23: 51, 1944.

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CHEWING GUM
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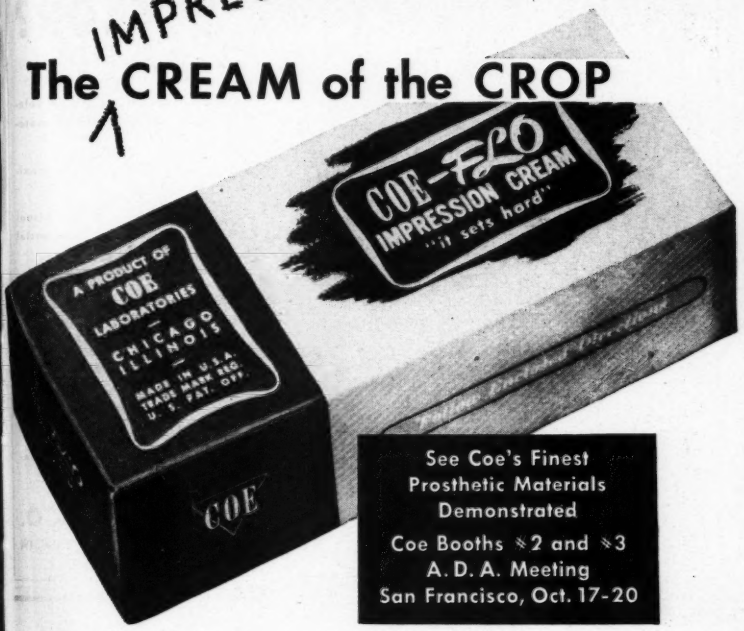

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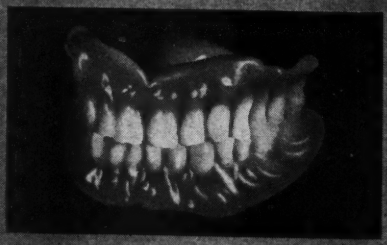

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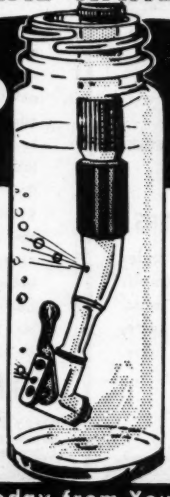

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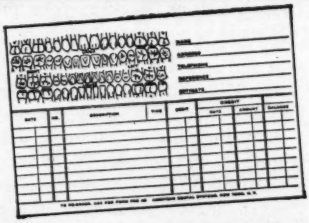

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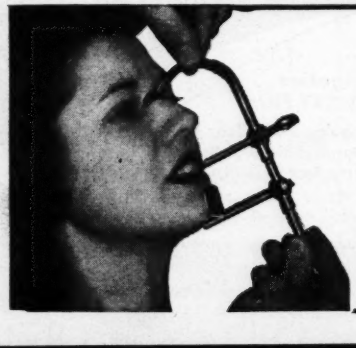

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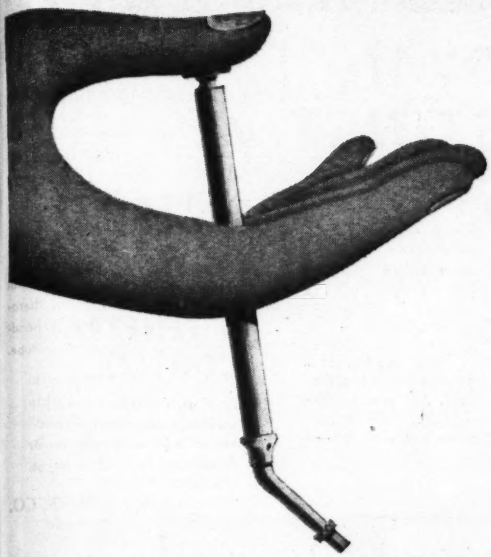

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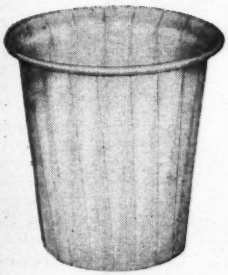

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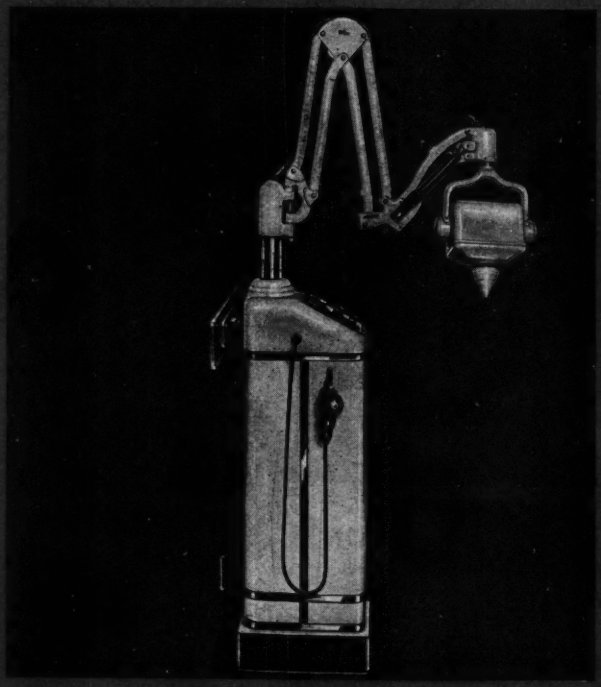

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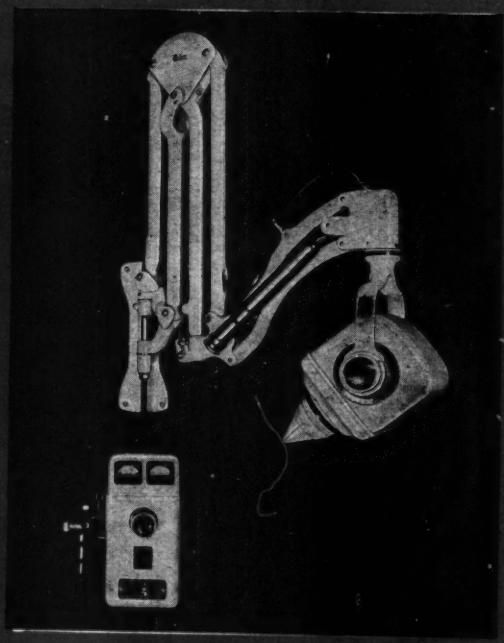

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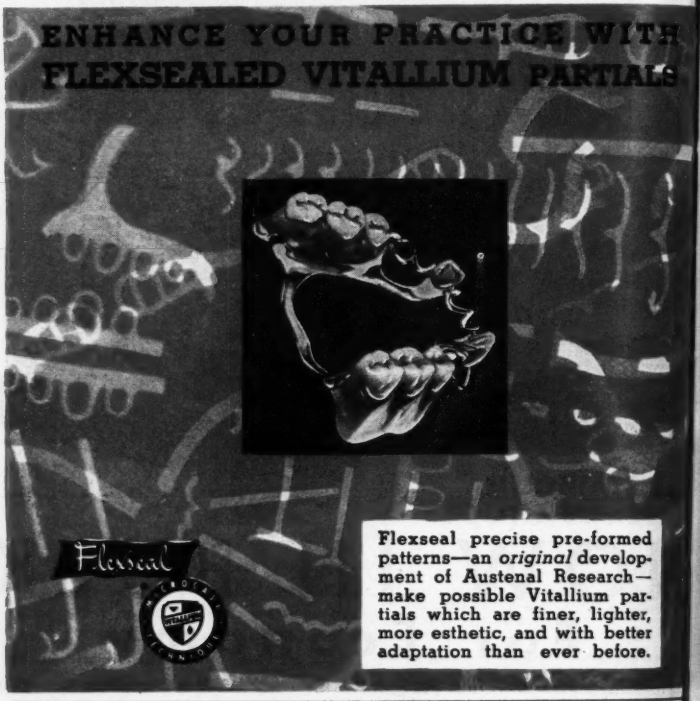

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COUNCIL ON CANDY OF THE *National Confectioners' Association*

1 NORTH LA SALLE STREET CHICAGO 2, ILLINOIS

The effect of chlorophyll-containing tooth paste on l.a. count in human saliva

	Start	10 days	4 wk.	6 wk.	8 wk.	10 wk.	12 wk.	14 wk.	16 wk.	18 wk.	20 wk.	22 wk.	24 wk.	26 wk.
						L.A. COUNTS—CHLORESIUM (CHLOROPHYLL) TOOTH PASTE								
1.	55,000	30,200	5,500	NEG.	NEG.	NEG.	NEG.	2,100	1,200	NEG.	NEG.	NEG.	1,100	NEG.
2.	985,000	974,200	65,020	34,200	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.
3.	805,500	1,020,500	68,700	32,800	10,200	NEG.	NEG.	NEG.	NEG.	2,200	NEG.	NEG.	NEG.	1,200
4.	216,500	3,500	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	1,200	NEG.	NEG.	1,100	NEG.	NEG.
						L.A. COUNTS—CONTROL PASTE AND CHLOROPHYLL MOUTH WASH								
5.	92,210	40,600	8,400	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.	NEG.
6.	21,600	18,310	7,700	NEG.	NEG.	NEG.	NEG.	NEG.	1,270	2,400	NEG.	NEG.	1,210	NEG.
7.	180,300	53,200	7,400	NEG.	NEG.	NEG.	3,400	NEG.	1,200	NEG.	NEG.	NEG.	2,200	NEG.
						L.A. COUNTS—CONTROLS								
8.	121,000	98,100	82,200	131,200	78,700	115,000	181,000	101,000	92,200	78,000	121,100	182,000	171,000	183,000
9.	43,400	47,700	27,400	34,200	42,100	35,500	21,100	22,400	21,100	26,600	24,800	26,100	32,100	27,500
10.	212,000	223,300	211,100	199,900	210,100	224,400	241,200	233,800	194,400	187,720	182,250	174,700	175,400	142,200

The above statistics may be considered generally typical of results with the three groups of subjects tested. Complete statistics of results with 100 subjects are available on request.

MORE *COMPLETE* DENTAL PROTECTION—

Chloresium Tooth Paste

The *chlorophyll* dentifrice which combats causes of dental caries, stimulates healing and promptly deodorizes.

- **Reduces count of acid-producing bacteria in the mouth more completely and for longer periods than any previous method.[1,2]**
- **Inhibits proteolysis, a second possible cause of tooth decay.[1]**
- **Speeds up healing of gingival disorders.**
- **Stimulates normal, healthy tissue tone.**
- **Eliminates mouth odors to a degree never before possible.[1]**
- **Cleans and brightens teeth safely and effectively.**
- **Completely non-toxic—bland, soothing and refreshing.**

Used regularly as an adjunct to professional treatment, Chloresium Tooth Paste provides the finest and most complete dental and gingival protection you can recommend to your patients.

1. Indicated in a report by G. W. Rapp, Ph.D., and B. F. Gurney, M. S. of Loyola University, Chicago, College of Dental Surgery, to the International Association for Dental Research meeting, Chicago, June 24-25, 1949.

2. Indicated in a report by J. W. Hein, D.M.D., and W. G. Shafer, M.S., D.D.S., of the Division of Pharmacology and Toxicology, Department of Pathology, and the Division of Dental Research of the U. of Rochester, School of Dentistry and Medicine, in a report to the Int. Assn. for Dental Research meeting.

3. "The Use of Water Soluble Chlorophyll in Oral Sepsis." The American Journal of Surgery XLII, No. 1 (1943).

Chloresium

Therapeutic Chlorophyll Dental Products
ETHICALLY PROMOTED—
AVAILABLE AT LEADING DRUGSTORES

(Sole Licensee—Lakeland Foundation)
U.S. Pat. 2,120,667. Other Pats. Pend.

To speed up healing of gingivitis, Vincent's and other gingival infections—Chloresium Dental Ointment and Chloresium Solution (Plain). Dental clinicians have found these professional chlorophyll preparations to be far more effective than other agents previously used.[3]

FREE CLINICAL SAMPLES

RYSTAN COMPANY, INC., Dept. DH-7
7 N. MacQuesten Pkwy., Mt. Vernon, N.Y.
Send "Chlorophyll in Dentistry" and professional samples.

Dr._____

Street_____

City_____ Zone____ State_____

You can recommend it with safety

REVELATION TOOTH POWDER formula has been constant for over 40 years. Those who have recommended it to their patients have had exceptional results, not only from a cleansing standpoint but also through its aid in removal of the plaques that apparently harbor the bacilli claimed as the cause of caries.

We believe that the continual use of dentifrices containing chemicals might, in the course of time, cause irritation or inflammation of the oral tissues.

The Acceptances featured by various dentifrices are limited—it should be noted—*"for clinical trial"* and for *"potential therapeutic value"* only. We suggest you investigate the results that you have had through the use and recommendation of REVELATION TOOTH POWDER to the extent of prescribing it for your patients.

OVER FORTY YEARS OF NATIONAL PREFERENCE

Revelation
TOOTH POWDER

AUGUST E. DRUCKER CO., 2226 BUSH ST., SAN FRANCISCO 15

( ) Send full size can for personal trial. ( ) Send samples for patient distribution.

Please include professional stationery with your request for samples.

Dr. _____

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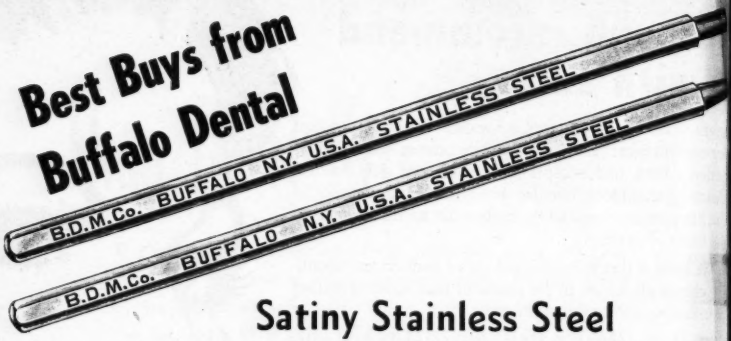
CITY _____ OH 10-49

STATE _____

NOT AMMONIATED

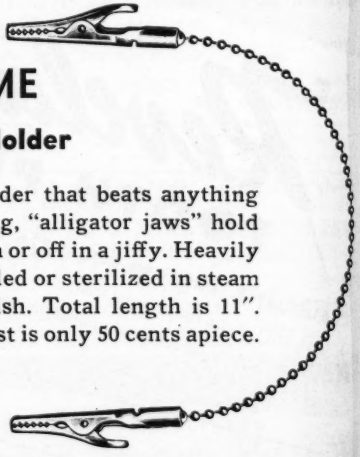
Best Buys from Buffalo Dental



Satiny Stainless Steel

MOUTH MIRROR HANDLES

These satin-smooth unplated stainless steel handles will last and *last*. The non-shiny finish cuts down reflections which are distracting to dentist's eyes. Both simple stem and cone socket types are available at the modest price of fifty cents apiece.



NEW, HANDSOME

"TITE-GRIP" Napkin Holder

Here's a new napkin holder that beats anything you've seen yet. Stiff spring, "alligator jaws" hold napkins *securely* . . . snap on or off in a jiffy. Heavily chrome plated, it can be boiled or sterilized in steam without damage to the finish. Total length is 11". Keep several handy. The cost is only 50 cents apiece.

BUFFALO DENTAL
Manufacturing Co., Buffalo 3, N. Y.

NEARLY A CENTURY OF SERVICE TO THE DENTAL PROFESSION

REDUCED PRICES!

SEE THESE VALUES

All Latch-type Angle and Handpiece Kerr Carbex Burs now sell for . . . . . $1.95 EACH

When ordered in lots of six (any assortment) . . . . . $1.75 EACH

See what you save—

Former price of all Kerr Carbex Round, Inverted Cone and Plain Fissure Burs. . . . . $2.50 EACH

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Former price of all Kerr Carbex Crosscut Fissure and Taper Fissure Burs. . . . $2.75 EACH

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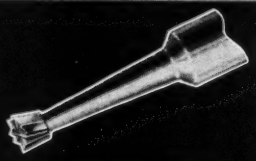
• Outstanding values—including an all-time low price for Tungsten Carbide Crosscut Fissure Burs . . . Available at your dealer today! Order at once for quick service!

(Kerr Carbex Burs come in the following sizes: 2, 4, 6, 8, 35, 37, 38, 39; 557, 558, 559, 560; 700, 701, 702, and 59.)

KERR MANUFACTURING COMPANY

DETROIT 8, MICHIGAN • ESTABLISHED 1891

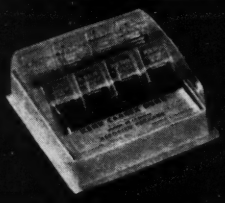


KERR Carbex

REG. U. S. PAT. OFF.

TUNGSTEN CARBIDE

BURS



ASSORTED PACKAGE OF 8 BURS with Free High Speed Pulley or Plastic Instrument Block

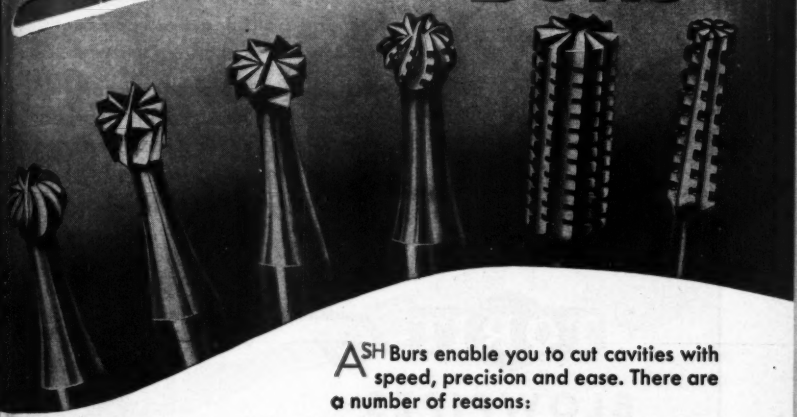
You can now get an Assorted Package of Nos. 4, 6; 37, 39; 558, 559; 701 and 702 Right Angle Kerr Carbex Tungsten Carbide Burs . . . Plus a Kerr High Speed Pulley (which increases RPMs 40%) or a Plastic Instrument Block (which holds 20 Burs) . . . all for **$13.90!** —An additional large saving!

METALLURGICAL MAGIC

To Work Wonders In Your Able Hands

XUM

Ash IS THE NAME FOR BURS



ASH Burs enable you to cut cavities with speed, precision and ease. There are a number of reasons:

1 — Ash Burs are scientific in design — the blades are set at the correct angle for the highest cutting efficiency, and the grooves between the blades are deep so that they are not easily clogged.

2 — The steel is the best British tungsten steel, and the necessary heat treatment is electrically controlled, insuring constancy of result.

3 — They run true in the handpiece.

Ash Burs are available in Standard and Miniature types, as follows: —

Standard:

Round (plain cut)	¼ – 12
Inverted Cone (plain cut)	33½ – 45
Wheel (plain cut)	12 – 16
Round (cross-cut)	501 – 507
Flat Fissure (cross-cut)	555½-567
Tapered Fissure (coarse cut)	700 – 703
End Cutting	957 – 963

Miniature:

Round (plain cut)	½ – 5
Inverted Cone (plain cut)	33½ – 38
Flat Fissure (cross-cut)	555½-560

Made in England

From your dealer.

Send for Chart of Shapes and Sizes of Ash Burs.

Claudius Ash, Sons & Co. U.S.A. Inc.

127-131 Coit Street **Irvington 11, New Jersey**

[redacted]

FREE to Dentists

PEPSODENT

AMMONIATED

"Tooth Care Kit"

6 KIT INCLUDES

new double-action *Pepsodent Ammoniated Tooth Powder* (¾ *ounce size*).

6 PLUS

Pepsodent Tooth Brushes (*straight line design*).

To introduce you to the new *double-action* Pepsodent Ammoniated Tooth Powder...

Pepsodent makes this free offer so you and your patients can prove for yourselves how effective and pleasant-tasting the new Pepsodent Ammoniated Tooth Powder is. The Pepsodent Brushes are especially effective with tooth powder. Their straight line design and closely set tufts make possible a highly efficient slurry.

The double-action ammoniated powder

1. *Reduces tooth decay.* Contains dibasic ammonium phosphate and carbamide. Licensed by the University of Illinois Foundation.

2. *Gets teeth cleaner, brighter* than any other leading dentifrice—with Pepsodent's exclusive blend of polishing agents and the famous Irium* cleansing agent.

**Irium is Pepsodent's registered trademark for purified alkyl sulfate*

---------- **CLIP AND MAIL NOW!** ----------

P.O. Box 6737, Dept. OHO, Chicago 77, Ill.
PEPSODENT Ammoniated Tooth Powder

Please send me without charge Pepsodent's Tooth Care Kit.

Note: Your request can be honored only while present supplies last . . . and only if coupon is accompanied by your professional letterhead, card, or prescription blank.

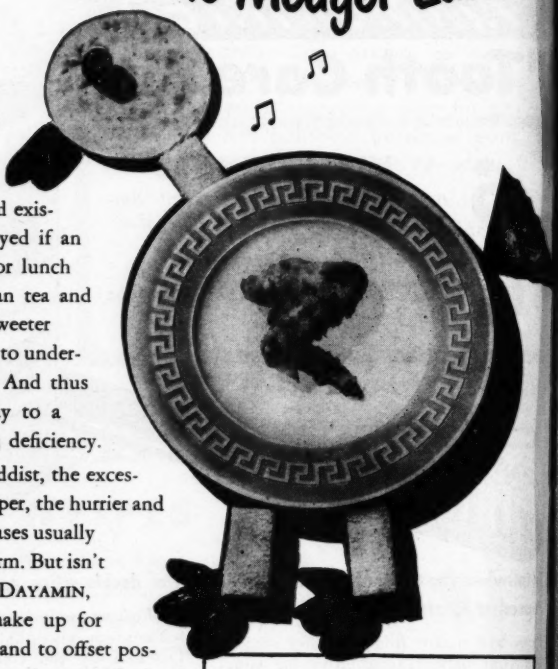
*Name*_____

*Street*_____

*City*_____ *Zone*____ *State*_____

Offer limited to residents of U. S. and Possessions

Mrs. Tweeter, the Meager Eater



In her own listless manner, Mrs. Tweeter maintains her caged-bird existence. She's dismayed if an infrequent caller for lunch hints for more than tea and toast. For Mrs. Tweeter doesn't do enough to understand an appetite. And thus she wends her way to a subclinical vitamin deficiency.

Like the food faddist, the excessive smoker and toper, the hurrier and the worrier, these cases usually require dietary reform. But isn't it wise to prescribe DAYAMIN, additionally—to make up for long lost vitamins and to offset possible wandering from the prescribed diet? Note the Dayamin formula. One capsule daily as a supplement; two or more for therapeutic use. In bottles of 30, 100 and 250.

GOOD—Ask your Abbott representative about tasty Dayamin Liquid for capsule-shy patients. In 90-cc., 8-fluidounce and 1-pint bottles. Abbott Laboratories, North Chicago, Ill.

Each Dayamin capsule contains:

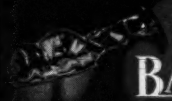
Vitamin A	10,000 U.S.P. units
Vitamin D	1000 U.S.P. units
Thiamine Hydrochloride	5 mg.
Riboflavin	5 mg.
Nicotinamide	25 mg.
Pyridoxine Hydrochloride	1.5 mg.
Pantothenic Acid (as Calcium Pantothenate)	5 mg.
Ascorbic Acid	100 mg.

Specify

DAYAMIN®

(Abbott's Multiple Vitamins)

DENTISTRY HAS CONFIDENCE IN...



BAKER Casting Golds

"Each two pennyweight envelope contains a guarantee slip which your laboratory can send along to you with the finished case, protecting you, your patient, the laboratory and us against any question of quality."

A. D. A. CERTIFIED INLAY GOLDS: Baker Soft, Medium, Hard, and Extra Hard.

BAKER "75": Finest universal gold in existence. For those who like to use a single gold for inlays, abutments, fixed and removable bridges. Its color is rich, coin gold.

CHICAGO 4: For finest precision attachment or assembled cases or highest grade one-piece removable bridges. A rich yellow gold color.

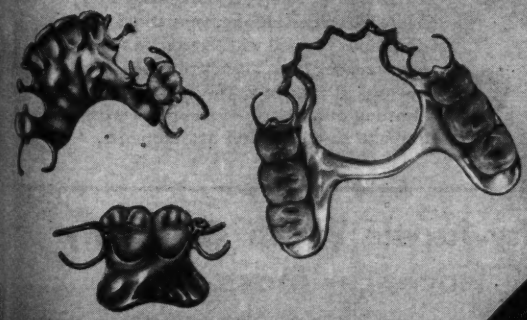
BAKER 14%: Similar casting properties to Chicago 4 but platinum color.

TRUCAST: Most popular with laboratories for all types of castings. Excellent, medium-priced rich gold color alloy.

UNICAST: Economy alloy with rich gold color. Unusually popular because of its non-tarnishing high palladium content.

SUPER-ORALIUM: The precious metal "answer" to base metals. A proven neutral color alloy, lightweight, easily soldered, repaired or added to—without special equipment.

Physical property, casting temperature and direction charts, imprinted descriptive folders, price lists, supplied upon request.



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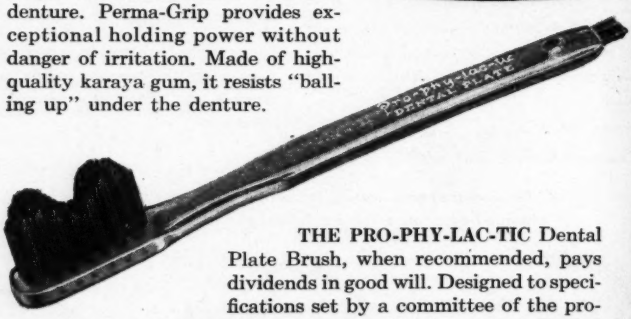
THE WORLD'S LARGEST WORKERS AND REFINERS OF PRECIOUS METALS

AKER & CO., INC. • 850 Passaic Avenue • East Newark, N. J.

START THEM RIGHT!

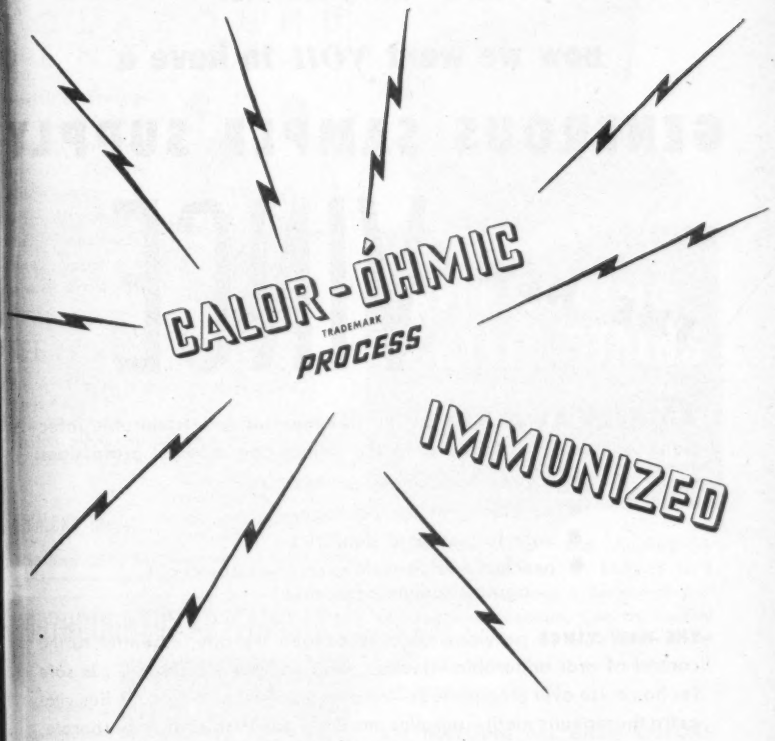
Your patients will appreciate your recommendation of these exceptional aids to denture comfort and hygiene.

PERMA-GRIP Adhesive Denture Powder can do much to build your patients' confidence during the early stages of accommodation to a new denture. Perma-Grip provides exceptional holding power without danger of irritation. Made of high-quality karaya gum, it resists "balling up" under the denture.



THE PRO-PHY-LAC-TIC Dental Plate Brush, when recommended, pays dividends in good will. Designed to specifications set by a committee of the profession, it permits the most effective cleaning of all parts of the plate without damage to clasps and attachments.

Pro-phy-lac-tic Brush Company
Florence, Mass.



See November Oral Hygiene for a Description of these Two, New, Revolutionary Processes Developed by

JELENKO RESEARCH DEPARTMENT.

For advanced information consult your regional JELENKO DISTRICT MANAGER or write

J. F. JELENKO & CO., INC.

Dental Golds & Specialties

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Acclaimed by dentists everywhere...

now we want *you* to have a

GENEROUS SAMPLE SUPPLY

THE NEW VINCE

A GREAT ADVANCE in the treatment of oral anaerobic infections, announced exclusively to the dental and medical professions.

- neutral in solution, not alkaline
- no caking in the package
- safe for use as a dentifrice
- new buffered formula overcomes objections against sodium perborate

THE NEW VINCE provides effective oxygen therapy, essential to the control of oral anaerobic infection, with *complete safety* . . . is safe for home use over long periods—*no danger of alkali burns* . . . has vital extra therapeutic merit—*supplies more oxygen than sodium perborate.*

THE NEW VINCE is indicated in the prevention and treatment of Vincent's infection • Vincent's stomatitis • poor oral hygiene • excessive staining • local irritation from alcohol, tobacco, drugs, etc. • pyorrhea • halitosis • Excellent for cleaning dentures and improving gingival tone.

MAIL NOW FOR FREE VINCE SAMPLES

STANDARD LABORATORIES, Inc.
113 West 18th Street, New York 11, N. Y.

Please send me a supply of THE NEW VINCE samples.

Dr.....

Address.....

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For Comfort... Professional Appearance...

In Nylon or Cotton Poplin

Style 71X

Collarless; can be worn over shirt collar and tie or without either.

Metal snap fasteners—best and easiest means of closing.

Free action back for absolute freedom of movement—no pull—no bind. Sleeves short, ½ or ¾.

White Simpson's Combed Poplin (Sanforized), **$6.50** each, 3 for **$18.95.**
Nylon **$12.95** each.
Sizes 36-46. Many other styles.

Pa-Kay uniforms

Style 244

Opens down front; concealed rust- and laundry-proof snaps below belt line. French cuff on long sleeve; also in ¼ or ¾ sleeve.

White Simpson's Soulette Poplin, **$7.95.**
White DuPont Nylon **$12.95** each.
Sizes 10-42
Many other styles.

Buy from your dental dealer. If not available, write direct to Pa-Kay Uniforms, 509 S. Wabash Avenue, Chicago 5, Ill.

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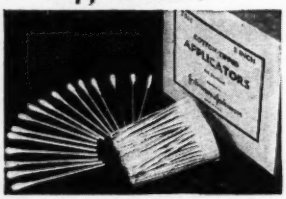
perfect for fluoride application!



Machine-wound, with uniform absorbent qualities, these inexpensive applicators save you time and money! Use them for preinjection drying, medication, etc. Tips securely anchored, supplied in two stick lengths; 3" or 6" long, 2000 of a size to a box.

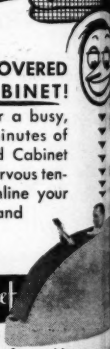
Johnson & Johnson
DENTAL DIVISION

COTTON-TIPPED APPLICATORS

THEN— I DISCOVERED THE HOWARD CABINET!

Dentists write that after a busy, arduous day, just ten minutes of relaxation in the Howard Cabinet gives them release from nervous tension. You too can streamline your body, cleanse the skin and relax taut nerves.

Your wife will love it too!



The Howard Cabinet

DEALER INQUIRIES INVITED

Write for full information without obligation

THE HOWARD CABINET, DEPT. OH-2
1715 W. 6th ST., LOS ANGELES 14, CAL.

NAME _____

ADDRESS _____

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DENTISTS

. . . . you can safely recommend "Accepted"

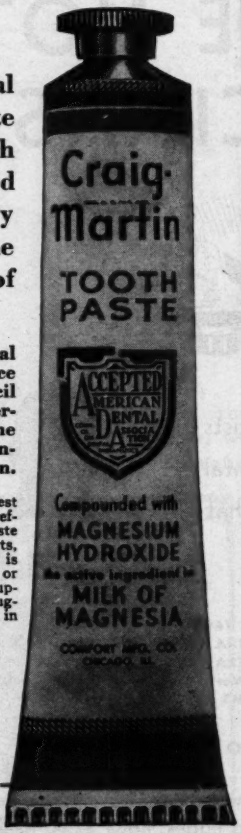
CRAIG MARTIN

..an ethical tooth paste in which price and quantity are not the measure of quality.

Bears the Seal of Acceptance of the Council on Dental Therapeutics of the American Dental Association.

You can suggest this economical, efficient tooth paste to your patients, knowing that it is now available or can be readily supplied by any druggist you name in coupon below.

GIANT FAMILY SIZE 33c



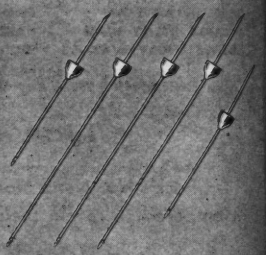
Comfort Mfg. Co.
500 S. Throop St., Chicago 7, Ill. **O-10**
Send samples of Craig-Martin Tooth Paste and Tooth Brushing Charts to:
(Professional card enclosed)

Dr. .....
St. & No. .....
City ..... State .....
Drug Store Name .....
Address .....
(Please print plainly)

When dentists take care...

The modern dentist wants the best; that's why he uses "Carpule" Needles made from LAMINEX brand stainless steel. The point of LAMINEX is a hollow-ground 18° bevel of unprecedented sharpness. Because it's tempered to carbon-steel hardness, the needle itself is more resilient. For its smoother insertion . . .

Patients are Grateful!



REMEMBER
COOK WAITE
Laboratories, Inc.

Missed the HOOK!

but saved by KERR SAFETY LOCK

Saved from handpiece falling from hook and injuring patient!

Saved from its falling to mar unit, damage bracket table or ruin handpiece and instrument.

In a nutshell, that's what the new Kerr Safety-Lock does for you!

Whenever you return handpiece *toward* the hook, a soft "click" tells you that Magnet and Keeper have united in a Safety-Lock.

Result—No worry of injury to patient, equipment or instrument . . . Plus greater convenience of not having to look up to locate hook.

Thoroughly field tested . . . Extremely popular wherever tried . . . Available now.

Phone your dealer today for information about Kerr Safety-Lock . . . Or write us for Safety-Lock Pamphlet which gives full details.

KERR MANUFACTURING CO.

Established 1891

DETROIT 8 • MICHIGAN

KERR Safety Lock

REG. U. S. PAT. OFF

DEVELOPER

and
FIXER

NOW *in* POWDERS *for*

Maximum STRENGTH and Better RESULTS

Processed from finest chemicals, new Rinn Powder Mix provides superior Developing and Fixing Solutions in a few moments. Handy, compact. Long shelf life, no loss of strength.

X-RAY FILMS • FILM MOUNTS
TIMERS • PROCESSING HANGERS
CHEMICALS • ACCESSORIES

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X-RAY PRODUCTS Inc.
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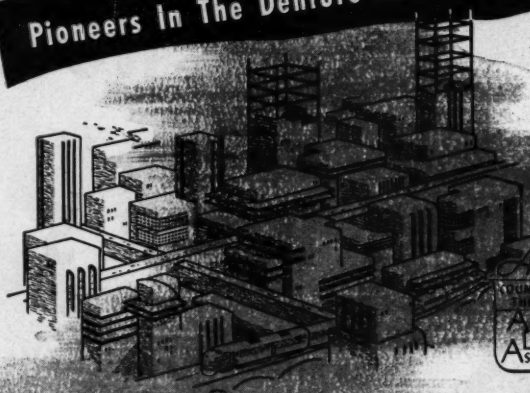
CO-RE-GA

Pioneers In The Denture Adhesive Field



It is indeed gratifying to observe how the profession, in an ever increasing number, recommend CO-RE-GA for those certain indicated cases.

But is it any wonder when you consider the advantages . . . reputation, tradition experience and strength . . . plus quality materials and modern manufacturing.

All are available to you.

Mail this Coupon for Your Supply of Professional Samples

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COREGA CHEMICAL COMPANY

208 St. Clair Ave. N.W., Cleveland 13, Ohio

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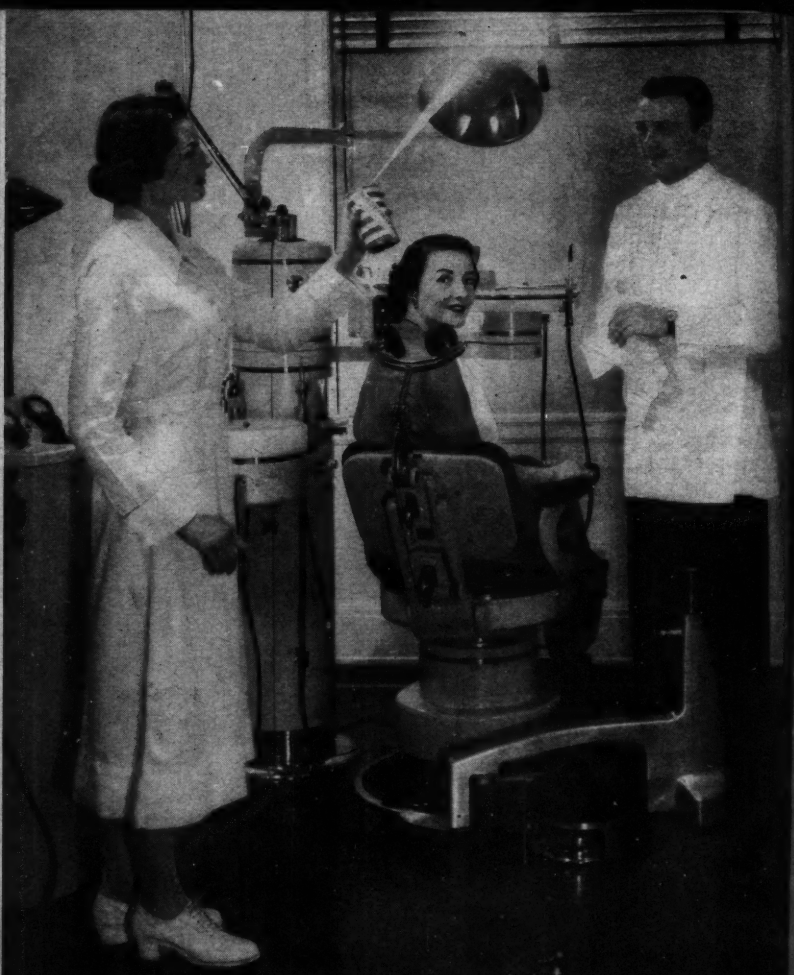


Worried about cross-infection

. . . in your dental office?
. . . in your reception room?

XUM

"MICROBOMB"*

With vacation time near, children as well as adults will continue to crowd dental offices, thereby adding to the summertime danger of cross-infection.

You can help protect your patients, your nurse and yourself by using this simple spray method of sanitizing both your dental office and your reception room.

In addition to your regular procedure of hand washing and sterilization of instruments, add the simple expedient of a few seconds spraying with "Microbomb" vapor.

Your patients will appreciate this extra consideration for their protection.

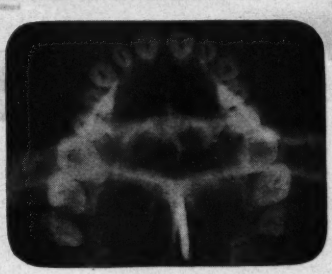
SIMPLE, ECONOMICAL, EFFECTIVE

- **Vapor is quickly dispersed to all points of room.**
- **Avoids cumbersome, expensive apparatus.**
- **One spraying—only a few seconds—effective for hours.**
- **Nontoxic, odorless, harmless to furnishings and equipment.**
- **Effective against streptococci, staphylococci, pneumococci and other air-borne pathogens.**
- **Costs only a few cents a day.**

Write for information on **"MICROBOMB"**

*This is the trademark of the Carand Corporation.

FOR DOUBLE DEPENDABILITY...



Combine

1 DEPENDABILITY IN FILM...

with

2 DEPENDABILITY IN CHEMICALS

Whichever type of film the situation calls for—Periapical or Bite-Wing or Occlusal (see above)—make sure it bears the name "Kodak." Then, you will know it's right... that same exposures will produce same results.

Always process Kodak Dental X-ray Film with Kodak Chemicals. Then, standardized time-temperature processing will always produce maximum quality—will bring out every detail recorded by the exposure.

Made to work together—Specify "Kodak" all the way

KODAK X-RAY PRODUCTS FOR DENTISTS

Films... Film Chest, Dispenser, Receptacle... Intensifying Screens... Exposure Holders... Safelight Lamps and Filters... Loading Fixture ... Processing Hangers... Processing Tanks... Processing Chemicals ... Thermometer... Mounts... Film Corner Cutter... Illuminator.

EASTMAN KODAK COMPANY

X-ray Division, **Rochester 4, N. Y.**

Kodak
TRADE-MARK

FOR RAPID DISINFECTION OF INSTRUMENTS

Chlorophenyl

affords a potent and highly practical medium for DENTAL OFFICE use

This powerful disinfecting solution is free from phenol (carbolic acid) and mercurials. It is a chlorinated phenyl compound that is unusually effective in its rapid destruction of commonly encountered vegetative bacteria (except tubercle bacilli) as shown in the chart.

PRICE Per Gallon . . $5.00
Per Quart . . $1.75

B-P instrument container No. 300 is recommended as the ideal office container for use with the Solution.

Check these additional features—

1 Non-injurious to metallic instruments or keen surgical edges.

2 Low volatility . . . will not irritate eyes, nose or throat.

3 Will not stain fabrics, skin or tissue.

4 Will not dry and fissure hands or skin areas if exposed repeatedly. (Chlorophenyl is not to be used therapeutically.)

5 Stable . . . will retain potency over long periods.

ACCEPTED AMERICAN DENTAL ASSOCIATION

Compare the killing time of this superior bactericidal agent

Vegetative Bacteria	50% Dried Blood	Without Blood
Staph. aureus	15 min.	2 min.
E. coli	15 min.	3 min.
Strept. hemolyticus	15 min.	15 min.

Ask your dealer

PARKER, WHITE & HEYL, INC.
Danbury, Connecticut

B-P

A BARD-PARKER PRODUCT

At Last... A PASTE THAT IS **NOT** *STICKY!*

Ideal for

NON-PRESSURE or PRESSURE TECHNIQUES

No more annoying stickiness! Getz Impression Paste wipes off cleanly, quickly. It mixes easily to a thin, creamy consistency that allows ample working time. Requires 3½ minutes to set in the mouth to a good, firm body.

Faulty impressions can be resoftened over flame and returned to the mouth. Contains a topical anesthetic to aid gagging patients. Mixing done on *any* ordinary scratch pad. Excess mix can be used most satisfactorily as temporary stopping.

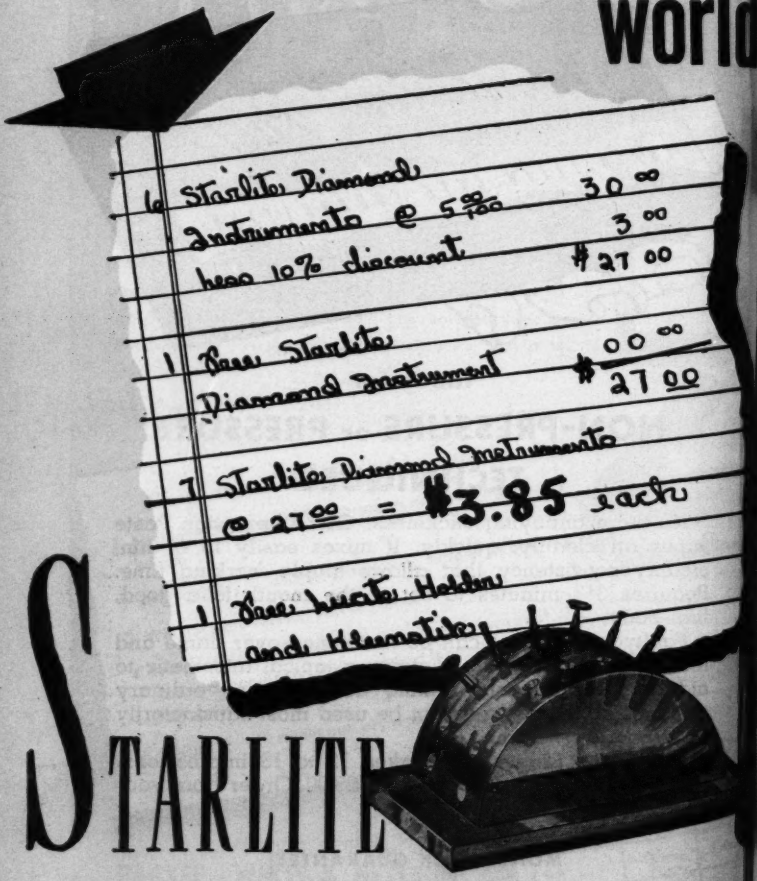
Low cost... 1 package (makes 12 to 15 impressions) retails at only $3.00; 3 packages, $8.00. Order from your dealer today.

MONEY-BACK GUARANTEE!

THE WILLIAM GETZ CORPORATION
DENTAL PRODUCTS
7512 GREENWOOD AVE. • CHICAGO 19, ILLINOIS

Low cost is only part

world



STARLITE

DIAMOND INSTRUMENTS

NEW BUR SHAPES: Star Research pioneers a new technic for applying diamonds to very small areas—thus making it possible to manufacture strong, durable Starlite Diamond Instruments comparable in size to the following bur shapes: #3, 36, 557, 701.

e economy assured by
lrgest manufacturer of
diamond instruments...

While the example on the opposite page shows in actual figures how the new "Bonus Plan" gives those Doctors who use Starlite Diamond Instruments the equivalent of more than a 33% discount, it is *Starlite quality* that is the *major economy factor!*

For these instruments are known (for more than 10 years) to be the finest made—*the most durable*—with precise cutting efficiency maintained throughout the long life of the instrument.

In addition to the 10% Starlite discount allowed on all purchases of 6 or more diamond instruments, a Starlite Diamond Instrument is given without charge on each purchase of 6—two free instruments are given with each purchase of 11—three free instruments are given with each order for 15. There can be no question that Starlites are far and away the "best buy" from every aspect!

When you order diamond instruments, remember "*you're safe when you specify* STARLITE." Yes, and each Starlite Diamond Instrument Dealer is prepared to offer you a valuable diamond instrument service. Call him for technical literature as well as for your diamond instrument requirements. ★ ★ ★ ★ ★ ★

ONE STARLITE FREE WITH EACH PURCHASE OF 6—2 STARLITE INSTRUMENTS FREE WITH EACH ORDER FOR 11—AND 3 STARLITE INSTRUMENTS FREE WITH EACH PURCHASE OF 15.

STAR DENTAL

STAR DENTAL

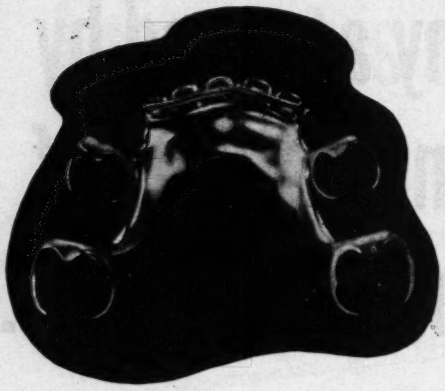
MANUFACTURING COMPANY, INC.
58th at MARKET ST., PHILA. 39, PA.

D3
$5.00

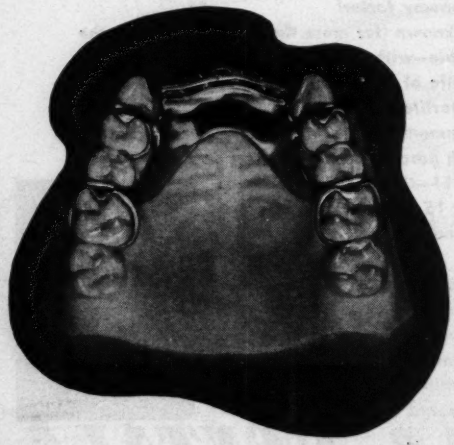
D36
$5.00

D557
$5.00

D701
$5.00



Comfortable Restorations Begin with a Foundation of PLATINUM PALLADIUM GOLDS



Your patients are at ease, physically and mentally, with restorations made of platinum-palladium-golds. The lasting resilience of these dental metals protects the perfect fit of your work; assures good retention.

And because these dental golds are easy to soften and then reharden, you can make final and comfort adjustments on the spot.

Forty pages of helpful information are in the booklet, "PLATINUM-PALLADIUM-GOLDS IN DENTISTRY." Have you sent for your free copy?

Platinum Metals Division
THE INTERNATIONAL NICKEL COMPANY, INC., *67 Wall St., New York 5, N.Y.*

80%

say: "ORA IS BETTER"

We asked 2,500 dentists their opinion of ORA Denture Cleanser. More than 80% of the answers stated that they think ORA is superior to any other compound of its kind. We are happy that McKesson & Robbins laboratory research has perfected a formula of genuine worth to the dental profession and denture wearers.

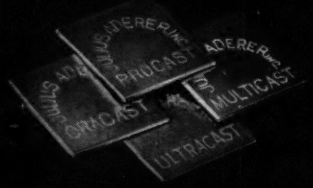
ORA does these things...
"Better"

1. Makes dentures immaculately clean, in 15 minutes.
2. Removes and prevents stains.
3. Dissolves mucin and mucin plaques.
4. Prevents offensive breath due to denture not being thoroughly clean at all times.

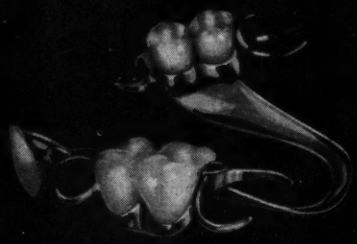
ORA IS GUARANTEED NOT TO INJURE DENTURES

McKesson & Robbins, Inc., Bridgeport, Conn.

QUALITY PRODUCTS SINCE 1833



Using any of the popular casting technics, the ease with which precision is attained, with Aderer High Strength Golds is an effective indication of their qualities.



ADERER GOLDS

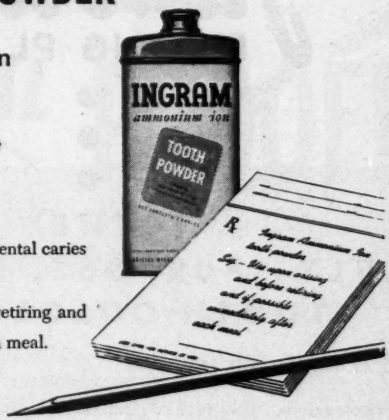
Julius Aderer, Inc., New York · Chicago

The only way a patient can learn about

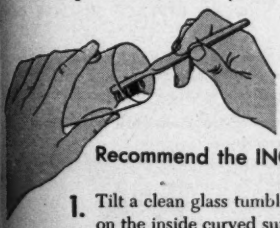
INGRAM *ammonium ion*

TOOTH POWDER

is through **your** prescription
or **your** recommendation.
INGRAM is advertised to the
dental profession only.



For the most effective aid in combatting dental caries
INGRAM AMMONIUM ION TOOTH POWDER
should be used upon arising and before retiring and
whenever possible immediately after each meal.



Recommend the INGRAM THREE-STEP ROUTINE:—

1. Tilt a clean glass tumbler and pour ½ teaspoonful of powder on the inside curved surface.
2. Moisten toothbrush, dip it into powder and brush all surfaces of the teeth and gum margins.
3. Pour water on remaining powder in glass until one third full. Mix, use as rinse, retaining in mouth for full minute. Do not follow with clear water or other rinse.

Literature and supplies to help you introduce INGRAM home dental care to your patients have been mailed. Additional copies may be obtained on request.

The Council on Dental Therapeutics of The American Dental Association has accepted INGRAM AMMONIUM ION TOOTH POWDER for clinical trial.

Product of BRISTOL-MYERS • 19 West 50 Street, New York 20, N. Y.

ONLY ACRALITE fastcrown offe
FILLING PLASTIC

THE MULTI-PURPOSE, SELF CURING TOOTH COLOR ACRYLIC

● TO RESTORE TOOTH STRUCTURE ● TO REPLACE SILICATE CEM

FASTCROWN Filling Plastic is available in a DeLuxe Package containing — 12 Shades of Polymer, 2 Bottles of Monomer, 1 shade guide, measuring equipment and mixing jars, shade comparison chart to match standard shade guides, technic instructions. $37.00

SPECIAL INTRODUCTORY KIT, containing — 4 shades of polymer (full color range by simple combinations), ample supply of monomer, assortment of 20 ACRALITE CROWNS, measuring equipment and mixing jar. $14.40

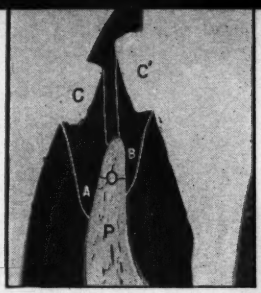
ACRYLIC CROWN FORMS

Developed for use with FASTCROWN because ordinary celluloid forms discolor and are unsuitable. Crystal clear and seamless; will never discolor; form a chemical bond with FASTCROWN; obviates need for polishing finished jackets.

PRICES

1 Doz. Crowns—Left and Right, one size	$ 2.00
4 Doz. Box Assorted	7.65
10 Doz. Assorted in clear plastic container	20.00

ACRALITE • SUPERIOR PRODUCTS *for* MODERN DENT
ACRALITE CO., Inc., 230 W. 41 St., New York



HISTOLOGICAL PROOF

16 page report, by nationally recognized dental institution, containing 18 enlarged micro photographs. Copies available on request.

CLINICAL, HISTOLOGICAL PROOF!

- **IT DOES NOT IRRITATE THE PULP!**
- **IT IS ACID RESISTANT!**
- **IT WILL NOT WASH OUT!**

We quote from an exhaustive histological study of the properties of FASTCROWN reported in the August-September issue of the New York State Dental Journal ("Pulp Response to a Self-Curing Acrylic Filling Material") . . . "Laboratory tests have proved the new plastic (Fastcrown) to be non-irritating and provides greater protection to the inner tooth tissues . . . It is not affected by mouth acids, needs no cement base or cavity lining and can be matched perfectly to natural shades of the teeth . . . It hardens or cures within five minutes after insertion into the cavity."

FASTCROWN Filling Plastic may be used for fillings, for restoring incisal edges or angles, to make jacket crowns, to repair and replace bridge pontics, etc., etc.

FASTCROWN Filling Plastic is strong, hard, dense, durable, odorless and tasteless. It compares favorably with acrylic jacket and inlay materials in water sorption, solubility, strength, hardness, deflection, natural translucency, color range, abrasion resistance and dimensional stability.

Send coupon for detailed information and histological reports

ACRALITE CO., Inc., 230 West 41st St., New York 18, N. Y.

Send histological reports and detailed information.

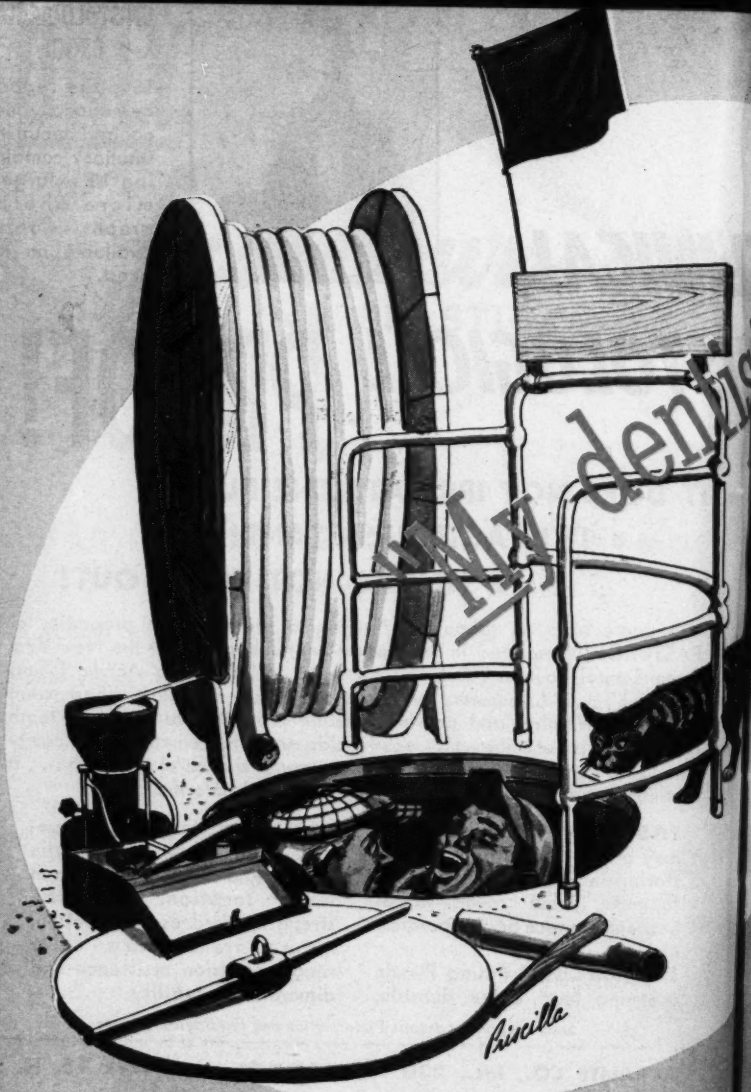
Dr._____

Address_____

☐ Send All-Purpose Introductory Kit at $14.40

☐ Send DeLuxe Package at $37.00

Dealer_____



COOK-WAITE *Laboratories, Inc.* 1450 Broadway New York 18, N. Y.

Cobefrin, Novocain, Pentocaine Reg. Trademarks Winthrop-Stearns Inc.

doesn't hurt!"

Maybe that's one of your patients down there! If it is, he's doing all right. And so are you, for when he says "My dentist doesn't hurt," he's really telling his pal what a swell dentist you are!

Since pain — or the lack of it — so frequently forms the basis on which patients judge your skill, you should use Novocain-Pontocaine-Cobefrin . . . to make sure they feel no pain. "N.P.C.'s" deep, dense, lasting anesthesia — achieved without perceptibly decreased patient-tolerance — is specifically designed to preclude pain in prolonged or painful operative procedures.

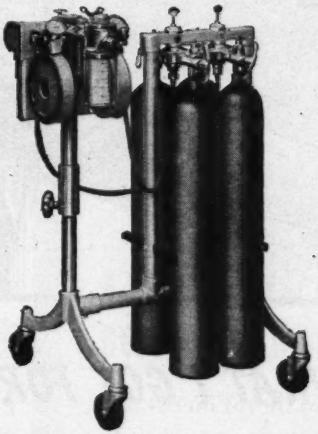
Try "N.P.C." soon. It's a fine way to make patients say "My dentist doesn't hurt!"

npc

"the Difference is Distinctive"

NARGRAF EUTHESOR

EASOR



Dental Nargraf Machine — Model 761

Are You Overlooking This Great Favorite with the Patients?

Many dentists have told us that the most popular thing they have ever done for their patients was to purchase a Nargraf Anesthesia Machine.

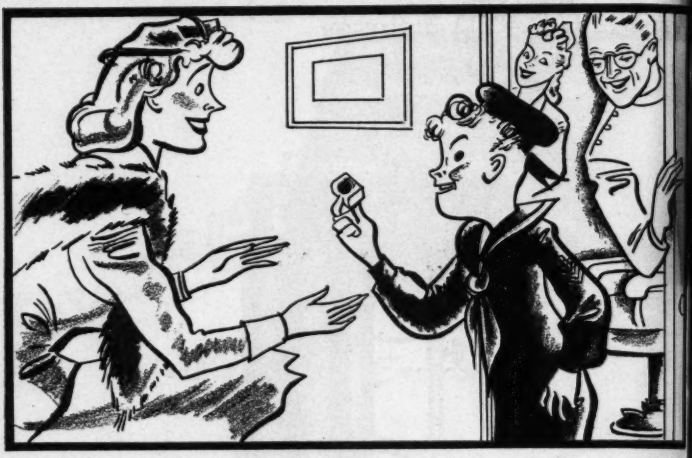
How delighted your patient is when he leaves your chair with the thought—"Dr. Jones didn't hurt me!"

How quickly the word spreads! How satisfying it is to see how Nargraf practically eliminates the patient's dread of the dental chair.

Let us show you how easy—how quickly—you can administer anesthesia or analgesia to your patients.

Drop us a line today for our Nargraf catalog. You'll receive it by return mail.

McKesson APPLIANCE COMPANY
TOLEDO 10, OHIO



"LOOK WHAT I GOT FOR HOLDIN' WIDE AND SITTIN' STILL!"

That's Fleer's DUBBLE BUBBLE gum the little boy is showing his mother.

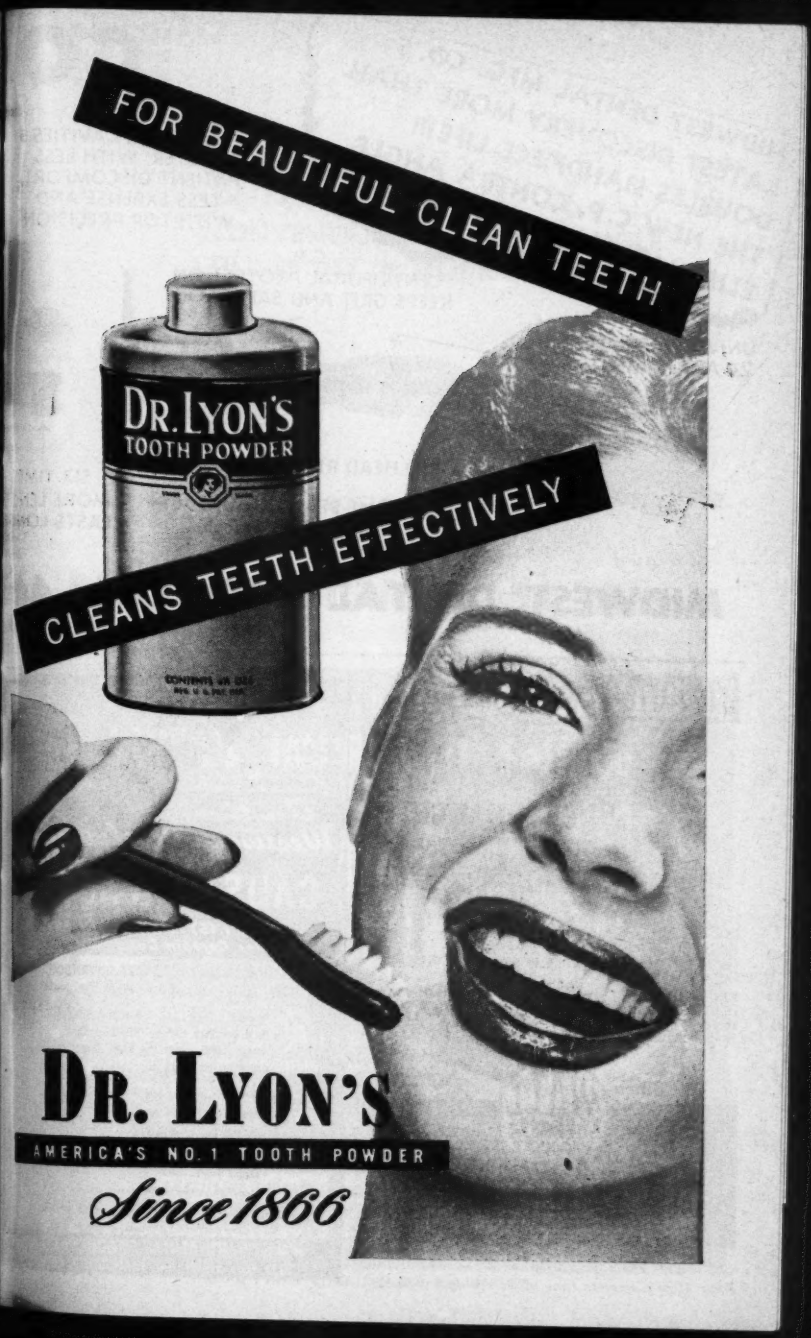
Made of finest ingredients under immaculate sanitary conditions, DUBBLE BUBBLE'S purity and wholesomeness are beyond question. And the kids really go for it . . . Fleer's DUBBLE BUBBLE is the fastest selling penny gum in the world.

For free samples to give to your younger patients, write on your letterhead or prescription blank to Frank H. Fleer Corp., Philadelphia 41, Pa. Remember: your juvenile friends become your life-time patients.

FLEERS DUBBLE BUBBLE GUM

FRANK H. FLEER CORPORATION

PHILADELPHIA 41 • PENNSYLVANIA


FOR BEAUTIFUL CLEAN TEETH
DR. LYON'S
TOOTH POWDER
CLEANS TEETH EFFECTIVELY
DR. LYON'S
AMERICA'S NO. 1 TOOTH POWDER
Since 1866

10c per word, initials and figures used each counting as one word. Please send remittance with your order.

WANT ADS

Restricted to help and positions wanted, and practices wanted, and practices for sale. The minimum charge is $3.

FOR SALE: Dental practice and equipment in eastern Ohio, a prosperous industrial community. Complete details furnished. Excellent opportunity. "360" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Office and equipment of the late Dr. George P. Jorgenson, Grand Forks, North Dakota. Please write Carther Jackson, Administrator, First National Bank, Grand Forks, N.D.

FOR SALE: Southern Wisconsin dental practice. Fully equipped office, laboratory, and reception room. Extraction and plate work specialty. Reason for selling, ill health. Dr. C. A. Atwood, 408 Goodwin Block, Beloit, Wis.

WANTED: Dental hygienist, Indiana license. Modern ethical two-chair office in Fort Wayne, Indiana. Population one hundred forty thousand. Please state experience and salary desired in first letter. "361" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Two-chair office and practice located in a central Illinois city of twenty thousand. "362" Oral Hygiene, Pittsburgh, Pa.

WANTED: Small town practice in Pennsylvania or in reciprocal state. "364" Oral Hygiene, Pittsburgh, Pa.

WANTED: Experienced general practitioner desires to purchase or associate in an Ohio practice. "365" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Well-established practice in city of nearly one hundred thousand. Best location in town and on a very busy corner. Two Ritter electric chairs and a very large stock of teeth on hand. Retiring. "366" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Dental practice and equipment. Established twenty-five years in central Pennsylvania town of five thousand population. Brick apartment house; three desirable apartments plus five-room office. Cash, twenty-five thousand dollars. Retiring. "367" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Well-established practice and fully equipped bungalow office with five chairs, two laboratories, three toilets, two business offices, consultation room, large reception room, X-ray, developing room. Entirely paved parking area for patients on property. Price and terms reasonable. Located in southern California beach city, near Los Angeles. "368" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Established practice of forty-seven years, and complete equipment, at less than invoice. Ground floor office for rent, good location, price reasonable. Located in growing county seat of five thousand. Competition moderate. Dr. A. D. Armstrong, Harrodsburg, Ky.

FOR SALE: Because of death, Ritter chair, operating stool, and Tri-Dent unit; mahogany finish, excellent condition. Also Carrier air-conditioner. "369" Oral Hygiene, Pittsburgh, Pa.

FOR SALE: Due to health (arthritis) after twenty-year successful practice in this location: S. S. White equipped, Burton lights, and mouth lights, etc. Modern except x-ray. Wonderful climate year round. Forty-five miles from Colorado Springs. World's greatest gold mining district. Priced right. Dr. C. B. Hamilton, Cripple Creek, Colo.

FOR SALE: Georgia practice and equipment; two dental chairs, two cabinets. All instruments needed. Fine opening for dentist. Will sell cheap. "370" Oral Hygiene, Pittsburgh, Pa.

WANTED: Dentist to take over a well-established practice on easy terms. 643 Braddock Avenue, Braddock, Pa.

FOR SALE: Completely furnished and equipped two-chair dental office; reception room, darkroom and laboratory. Low rent, heat furnished. Good location in small town, rich farming community. Michigan license. "371" Oral Hygiene, Pittsburgh, Pa.

WANTED: Equipment, recent models—number and price. "372" Oral Hygiene, Pittsburgh, Pa.

FOR LEASE, rent, sale or percentage, two-x-ray, sterilizer, unit. State make, year, serial chair dental office and laboratory. Established sixteen years in Hammond, Indiana. "363" Oral Hygiene, Pittsburgh, Pa.

SELLING YOUR PRACTICE: Why not also use the classified columns of The Dental Students' Magazine? National circulation 10,200 monthly. This includes over 3,000 recent dental graduates (U.S.A. and Canada). Many of these readers are looking for an opportunity such as you have to offer Our rates, $3.00 for 50 words or less. 10c per word additional, check with order. Write Dental Students' Magazine, 605 N. Michigan Ave., Chicago 11, Ill.

WANTED: A general practitioner to become associated with a Pittsburgh dentist. Write to Room 218, 634 Washington Rd., Pittsburgh 16, Pa.

FOR SALE: Well-established dental practice. Choice location and rental, southwest Chicago. Air-conditioning, Trident unit, Castle light, X-ray, Gomco aspirator, Wig-L-Bug, exodontia instruments, darkroom and laboratory, casting machine, Ritter lathe, air compressor, large assortment of impression trays and complete stock of burs and dental supplies. "373" Oral Hygiene, Pittsburgh, Pa.

FOR SALE OR RENT reasonable, well-established practice in Camden, N.J. Ideal location. Fully equipped office, furnishings. Disposing to practice in Florida. Dr. R. J. Paletz, 350 Lincoln Road, Miami Beach, Fla.

WANTED TO TRADE: Dental practice in Northern California grossing over twenty thousand dollars a year and a new modern home for something similar in some other part of California. "374" Oral Hygiene, Pittsburgh, Pa.

More effective than salt and water?

Definitely!

You *can* recommend a detergent oral solution that is not only cleansing, penetrating, alkaline and highly germicidal . . . but is also invitingly delightful and refreshing in flavor. It's Cēpacol. Within 15 seconds after contact pleasant-tasting Cēpacol destroys a significant number of acid-forming lactobacilli commonly associated with tooth decay.

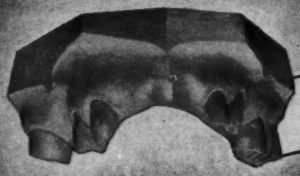
Non-toxic and non-irritating, Cēpacol will not interfere with tissue healing. And as either a gargle or spray, Cēpacol provides an excellent vehicle for penicillin therapy (200,000 units per 8 oz. Cēpacol).

CĒPACOL

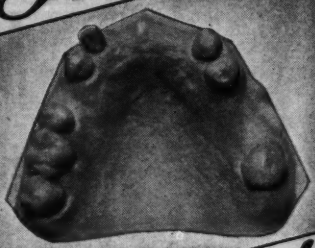
THE ORAL SOLUTION THAT WORKS IN PARTNERSHIP WITH SALIVA

Merrell
1828

CINCINNATI • U. S. A.



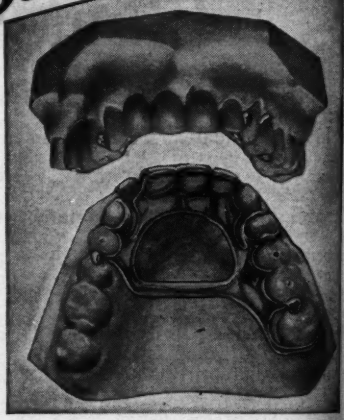
THE *Problem*



In this case, the high lip line called for a design to meet the esthetic requirements, to provide for stability and cleanliness . . . and yet permit of that flexibility which is *exclusively an attribute of gold.*

THE *Solution!*

The right side is retained with a mesial free end mesio-distal clasp on the cuspid. On the left, the first bicuspid has a mesial free end clasp . . . a unibar embraces the disto-buccal undercut . . . furnishing a removable partial of stability for sound functioning with resilience for mouth comfort. The cost of *highest quality gold* in this case is less than $18.00.



Cast of DEEFOUR Gold

The family of DEE Golds contributes in many ways to the solution of your problems . . . with a scientifically compounded gold to meet every dental requirement *including that of economy.*

Patients can better afford gold

OFFICE AND PLANT
1900 WEST KINZIE STREET..

HANDY & HARMAN
DEE GOLD
PRECIOUS METALS

REFINERS & MFRS.
.. CHICAGO, 22, ILLINOIS

141 John St., Toronto 2-B *Ontario, Canada*

WHO'S WHO AND WHERE

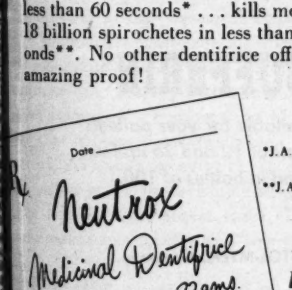
ADVERTISING INDEX

Now...
better control
FOR ACUTE AND CHRONIC GUM DISEASES!

4 REASONS WHY

more Dentists have prescribed NEUTROX *than any other dentifrice!*

1 ***Actually kills bacilli and spirochetes associated with Vincent's Infections!*** Tests *in vitro* prove that Neutrox kills more than 8 million fusiform bacilli in less than 60 seconds* . . . kills more than 18 billion spirochetes in less than 30 seconds**. No other dentifrice offers this amazing proof!


Date
℞ Neutrox
Medicinal Dentifrice
72 gms.
Sig-as directed
Dr.
Dentist's Signature

*J. A. Ph. A. 36:385, 1947
**J. A. Ph. A. 38:258, 1949

2 ***Relieves gingival diseases . . . helps prevent recurring gum infections!*** Neutrox brings quicker, better results because it releases 3.7 times more active oxygen than sodium perborate U.S.P.—in a neutral solution ***safe*** for daily use.

3 ***Cleans teeth cleaner*** because it combines—for the first time—the purifying power of nascent oxygen with its own special polishing agents.

4 ***Advertised to the dental profession only!*** Over 2 million packages prescribed and recommended by dentists.

For professional samples, write

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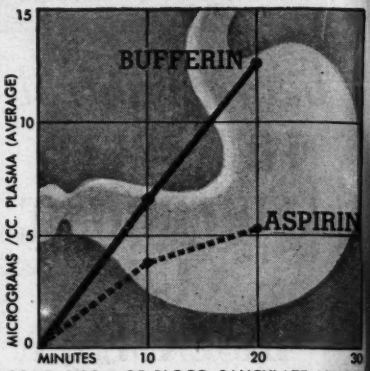
VICK CHEMICAL COMPANY
122 East 42nd Street • New York 17, N. Y.

how BUFFERIN provides



COMPARISON OF BLOOD SALICYLATE LEVELS AFTER INGESTION OF ASPIRIN AND BUFFERIN

1 faster pain relief with

2 better gastric tolerance

BUFFERIN, the new Bristol-Myers antacid analgesic, gives quicker pain relief than aspirin because it is more rapidly absorbed into the blood stream. It takes aspirin more than 20 minutes to produce the blood salicylate levels that BUFFERIN gives in only 10 minutes. And BUFFERIN's 10 minute blood salicylate levels at least double themselves at the 20 minute mark.

BUFFERIN is better tolerated, particularly by patients who previously have experienced gastric distress from aspirin because each tablet combines 5 grains of acetylsalicylic acid with optimal proportions of magnesium carbonate and aluminum glycinate, effective antacid ingredients.

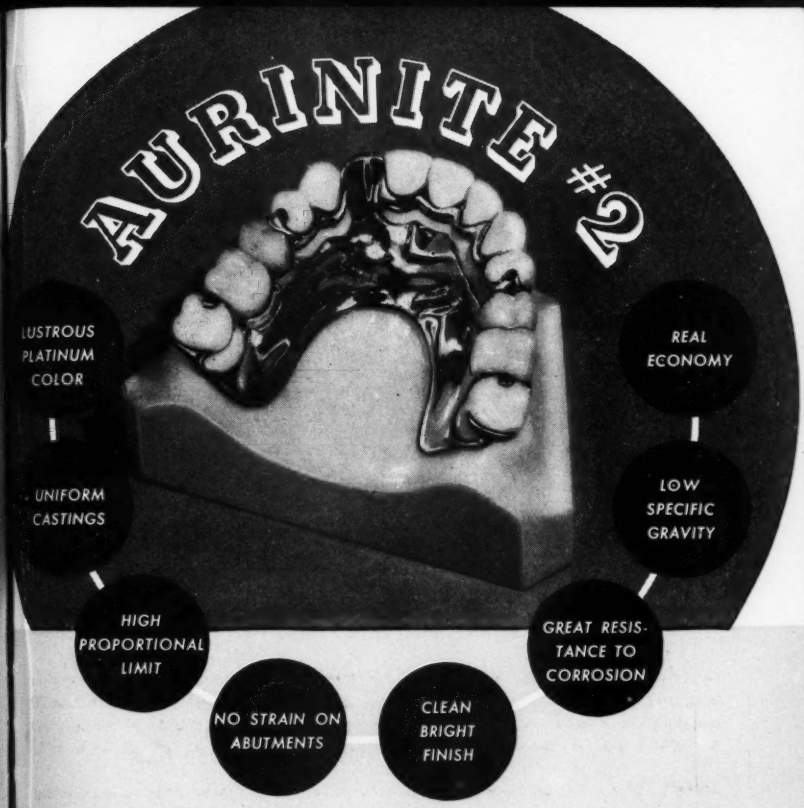
INDICATIONS in Dental Practice:— May be prescribed routinely for the symptomatic relief of pain following dental surgery, extractions, etc. Used preoperatively it reduces the pain of cavity preparation and instrumentation of tender tissues.

BUFFERIN

is available for your patients in vials of 12 and 36 tablets and in bottles of 100.

BUFFERIN is a trade-mark of the BRISTOL-MYERS Company.

A Product of **BRISTOL-MYERS** • 19 W. 50 St., New York 20, N. Y.



Aurinite #2 is a *different* kind of an alloy —so different, in fact, that it is patentable. Formulated in our Research Department and produced under exacting metallurgical standards and controls, Aurinite #2 is a precious metal alloy with a lustrous platinum color and a combination of properties that is unique and desirable.

Its LOW specific gravity (25% *less* than the yellow golds) assures light weight castings even for the largest cases. This not only means less weight and less displacement of oral area but more comfort—not only thinner castings but the employment of less metal and consequently less cost.

Undercuts on abutment teeth may be utilized to greater advantage with Aurinite. Clasps may be adjusted without fear of breakage. Other outstanding properties include a high proportional limit that provides long service without undue stress on abutments, great resistance to oxidation that protects the bright, clean castings.

Only $1.33 per dwt at dealers everywhere.

Ship us your sweepings, grindings, filings and scrap thru your dealer.

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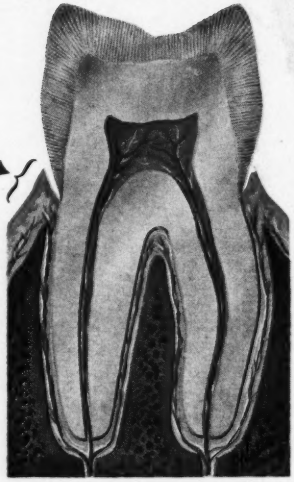

Here is the area — the **marginal area** — where gum massage is important—where food debris tends to impact and resist removal by careless brushing —where a stagnant blood supply may predispose to periodontal disease.

that is why it is so important to stress the Ipana Routine:

1. Between regular visits to the dentist, brush all teeth surfaces with IPANA at least twice a day.

2. Then massage the gums the way the dentist advises to stimulate gum circulation. (IPANA'S unique formula actually helps stimulate the gums — your patients will *feel* and enjoy the invigorating tingle!)

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